



SMALL BUSINESS HEALTH OPTIONS PROGRAM
MARKETPLACE

**SHOP MARKETPLACE RENEWAL USER
GUIDE FOR EMPLOYERS, EMPLOYEES,
AGENTS, & BROKERS**

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SHOP Marketplace – Employer Plan Renewal

A SHOP Marketplace plan year is a 12-month period starting with your effective date of coverage, which is generally the first of the month. As an employer, you may modify or renew your plan offerings only during your yearly Open Enrollment Period.

If your business is enrolled in 2015 SHOP Marketplace coverage, you'll need to log into your HealthCare.gov account to renew your SHOP Marketplace coverage offer.

When you renew your coverage offer, you can add additional coverage. You may want to consider adding a dental plan or offer coverage to dependents.

Generally, once you're determined eligible for coverage through the SHOP Marketplace, you stay eligible, unless you move to another state or stop offering coverage to all full-time employees. If your business grows to over 50 employees and you had SHOP Marketplace coverage last year, you'll still be eligible for SHOP Marketplace coverage.

Timing your SHOP Marketplace coverage renewal offer

As you plan your coverage renewal offer, remember:

- You'll get a notification in your SHOP Message Center when you're eligible to renew your coverage. You may start the renewal process as soon as plan and rate information becomes available for the quarter in which your coverage ends, but generally not more than 2 months before your renewal date.
- You're encouraged to submit your renewal enrollment as soon as possible after you're notified of your eligibility.
- You must give your employees at least one week to decide whether to accept your renewal coverage offer.
- You must submit your renewal enrollment by the 15th day of the month your existing coverage is ending to avoid a gap in coverage.

Here's an example of how the coverage renewal process works:

- Your original coverage effective date is April 1.
- Your plan year ends on March 30 of the following year.
- Make your offer to your employees no later than March 7.
- Allow a minimum of 7 days for your employees to review your renewal coverage offer.
- Renewal enrollment period closes March 14.
- After all employees have responded to your offer (or the enrollment period closes), submit your enrollment by March 15.
- Coverage starts April 1.

Starting your renewal coverage offer

After you log into your HealthCare.gov account, you'll see the [My eligibility](#) page. If you're eligible to renew your coverage, you'll see a **RENEW** button. Select **RENEW**.

HealthCare.gov Create enrollment Manage employees My account Get assistance - Español

VA: Change state Log out john810@yopmail.com

My eligibility

Important: You're eligible to renew your coverage. Select "RENEW" to start your renewal application.

RENEW

You can view information provided to the Small Business Health Options Program (SHOP) Marketplace as part of your application to participate. You may also withdraw your eligibility request or create a new request.

Do you have an office in another state?

Get eligibility information and access to SHOP coverage for your other offices.

ADD ANOTHER STATE

Eligibility status

Application ID	Status	Date Submitted	Actions
1000006148	Approved	2015-08-10	View Withdraw application Update application

Note: You're eligible for renewal if you have current, active SHOP Marketplace coverage that's ending by the end of the current or following month. You must complete your renewal coverage offer by the 7th day of the month that your coverage ends to avoid a gap in coverage. Between the 8th and the 15th of the month coverage is ending, you won't have access to the **RENEW** and **CONTINUE** renewal buttons and you won't be able to create a renewal application. Contact the SHOP Call Center at 1-800-706-7893 before the 15th of the month for help or questions about your employee enrollment window. TTY users should call 711 to reach a call center representative.

Continuing your renewal application

You can stop at any point in the renewal process and save your information. To return to where you stopped, select **My eligibility**, then select **CONTINUE**.

HealthCare.gov Create enrollment Manage employees My account Get assistance - Español

VA: Change state Log out john810@yopmail.com

Overview
My eligibility
Account profile
My enrollment
Brokers and proposals
Employer payment and billing
Message center

My eligibility

Important: You must complete your renewal coverage offer by the 7th day of the month that your coverage ends to avoid a gap in coverage.

CONTINUE

You can view information provided to the Small Business Health Options Program (SHOP) Marketplace as part of your application to participate. You may also withdraw your eligibility request or create a new request.

Do you have an office in another state?

Get eligibility information and access to SHOP coverage for your other offices.

ADD ANOTHER STATE

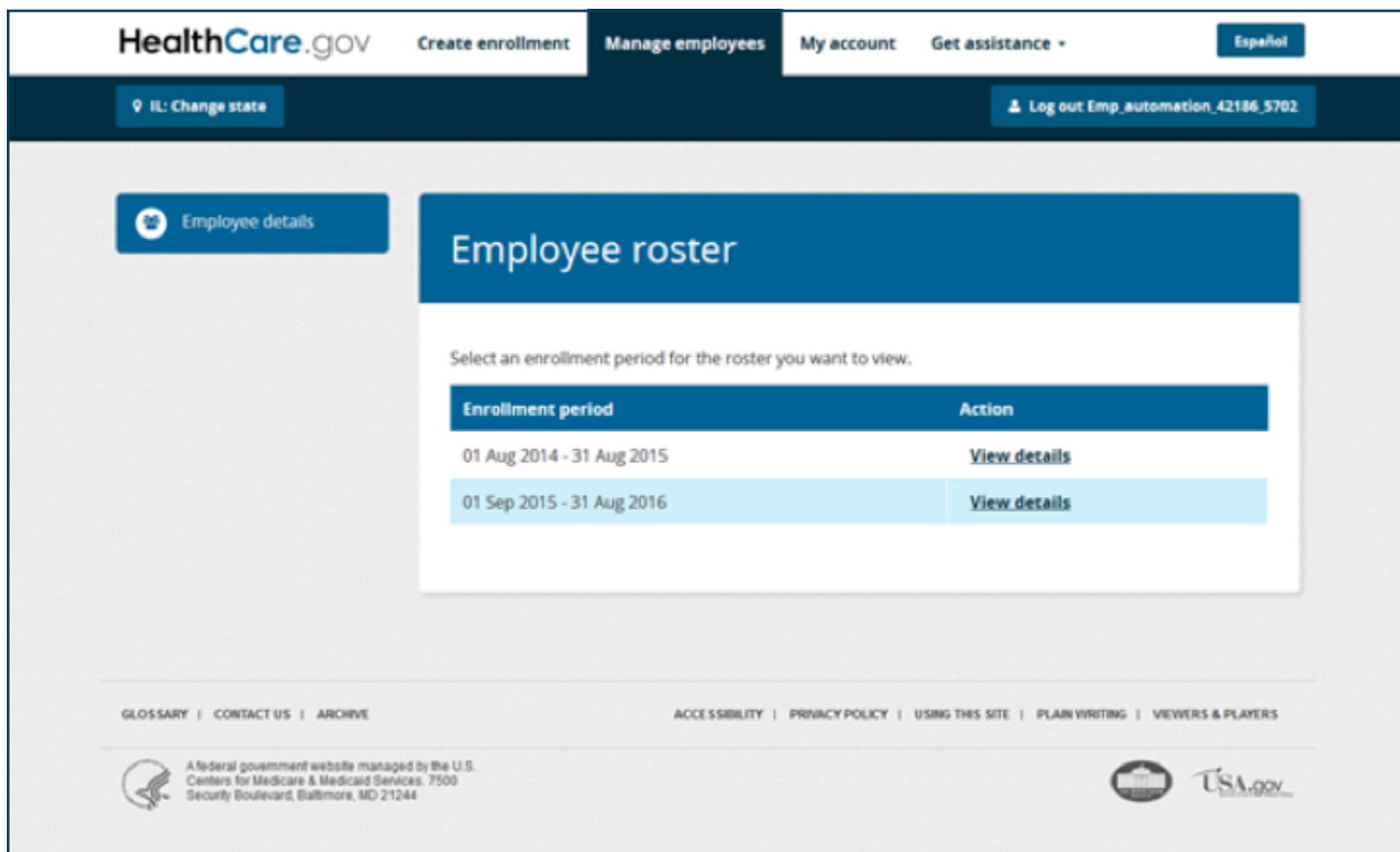
Eligibility status

Application ID	Status	Date Submitted	Actions
1000006148	Approved	2015-08-10	View Withdraw application Update application

Employee roster

The employee roster has all employees who'll get a coverage offer, including you. Your current plan year roster is copied over to the renewal plan year. You can view, edit, add, and remove employees as part of the renewal process.

You can access the employee roster after you start the renewal process. Select [Manage employees](#). Then select [View Details](#) in the [Actions](#) field for the plan year roster you want to view and edit.



HealthCare.gov Create enrollment Manage employees My account Get assistance + Español

IL: Change state Log out Emp_automation_42186_5702

Employee details

Employee roster

Select an enrollment period for the roster you want to view.

Enrollment period	Action
01 Aug 2014 - 31 Aug 2015	View details
01 Sep 2015 - 31 Aug 2016	View details

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A federal government website managed by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244 USA.gov

Important: You're responsible for making sure that all your employees get information about how to enroll and renew SHOP Marketplace coverage. If you have employees without an email address, you'll have to notify them of your renewal coverage offer and give them their unique participation code. Select the [Manage employees](#) tab to get the participation code.

- Select **Edit** in the **Actions** column to make changes to your employee or their dependent information.
- You have 3 options to add new employees to your roster:
 1. Select **ADD EMPLOYEE** to enter employee information one at a time on the employee roster screen.
 2. Select **BLANK ROSTER** to download an Excel roster template.
 3. Select **COMPLETED ROSTER** to upload an Excel file with your employees' information. After you select the file from your computer, the file name will appear in the employee roster dialogue box.

Note: The 1997-2003 Excel templates are available to download on the employee roster page. Only the 1997-2003 Microsoft Excel file can be uploaded. You'll get an error message if the file isn't in the right format. You must enter complete records. You'll get a rejection message if you enter incomplete records.

To complete the employee roster, you'll need each employee's legal first and last name, date of birth, and Social Security Number (SSN). You'll also enter their address, employment status (like full or part-time), date of hire, contact preferences, and phone number. Although not required, it's also important to include their email address so they can be notified directly about your coverage offer.

- You'll need to add an Employee ID which is a number or other code that you'll assign to your employees on the roster. You can enter any ID for your employees, but each employee's ID must be different.
- You can also add dependent information, but this is optional. Your employees may enter this information when they review your coverage offer.

Select **SAVE & CONTINUE** when you complete this page.

ENROLLMENT
CREATION

1 Employee List

2 Set enrollment period

3 Decide how you offer
coverage4 Set employer premium
contribution

5 Select plans

6 Summary & Submit

Employee roster

Submit a roster that lists all employees who'll get an offer of coverage, including you. You can upload a complete employee roster or add employees manually.

- List all eligible employees, even if some may not accept coverage.
- At a minimum, you must offer coverage to each employee working an average of 30 or more hours a week throughout the year.
- All employees working 30 or more hours a week should be listed, even if they don't plan to accept coverage.

You need to list these people so you can track the percentage of employees who accept your offer of coverage. This lets you determine if you meet the minimum participate rate.

ADD EMPLOYEE ⓘ

BLANK ROSTER ⓘ

COMPLETED ROSTER ⓘ

Choose File No file chosen

Search roster by

Within

Employee ID

SEARCH

1 - 3 of 3

Employee roster

Employee ID	Employee name	Participation code	Status	Actions
001	jack parker	Pt7r5BUeM2s2T1zjr_0zXg	Active	View Remove
002	michelle akon	Pt7r5BUeM2v81830xj-CrQ	Active	View Remove
003	Rich Lawrence	Pt7r5BUeM2tc2YmpRn1UEg	Active	Edit Remove

SAVE & CONTINUE

You'll see this page when you select **ADD EMPLOYEE**. Enter employee information in the fields. Select **SAVE & CONTINUE** when you complete this page.

Enter employee details

Add an employee to your roster

A field with an asterisk (*) before it is a required field.

*First name	Middle name	*Last name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	Suffix ▾
*SSN/Alternate SSN	*Confirm SSN/Alternate SSN		
<input type="text"/>	<input type="text"/>		
Format: 123-12-1234	Format: 123-12-1234		
*Date of birth	Email address	*Employment status	
<input type="text"/>	<input type="text"/>	Full time ▾	

BACK

SAVE & CONTINUE


Enter additional employee information here, including dependent information (if applicable). Select **SAVE & CONTINUE** when you complete this page.

ELIGIBILITY APPLICATION

- 1 Employer details
- 2 Eligibility
- 3 Employee details
- 4 Signature

Enter employee details

**Required field.*

*Employee ID	*Date of hire	*Sex
<input type="text"/>	<input type="text"/> 	<input checked="" type="radio"/> Male <input type="radio"/> Female
*Phone number	Ext.	*Preferred method of contact
<input type="text"/>	<input type="text"/>	Email address <input type="text"/>

Mailing address

*Street address	Apt./Ste. #		
<input type="text"/>	<input type="text"/>		
*City	*ZIP code	*County	*State
<input type="text"/>	<input type="text"/>	County <input type="text"/>	<input type="text"/>

Dependent 1

*First name	Middle name	*Last name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	Suffix <input type="text"/>
*SSN/TIN	*Confirm SSN/TIN		
<input type="text"/>	<input type="text"/>		
*Date of birth	*Sex		
<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female		
*Relationship to employee			
Spouse <input type="text"/>			

+ ADD DEPENDENTS

BACK **SAVE & CONTINUE**

Update eligibility

On the **Eligibility** page, the **Update application** screen allows you to update your eligibility information without having to confirm all eligibility criteria again for the renewal.

Select **UPDATE APPLICATION** after completing any required updates.

HealthCare.gov Manage clients Manage enrollments My account Get assistance - **Logout**

CLIENT: JOHN CARSON

- Eligibility
- Proposals
- Enrollment
- Manage employees
- Employer payment and billing

Update application

[BACK TO MY ELIGIBILITY](#)

Primary contact details

*First name Middle name *Last name Suffix
john Carson Suffix

*Title (e.g. Owner, HR rep) *Email address
Owner thcarson@fakemail.com

Mailing address

*Street address Apt./Ste. #
1 Employer Way

*City *ZIP code *County *State
Frederick 22603 FREDERICK VA

Contact preferences

*Phone number Ext. Phone type
(123) 456-7890 Work

Second phone number Ext. Phone type
Home

Fax number Preferred method of contact *
Email address

Business billing address

*Street address Apt./Ste. #
1 Employer Way

*City *ZIP code *County *State
Frederick 22603 FREDERICK VA

Phone number Ext. Second phone number Ext.
(123) 456-7890

Fax number

Primary business address

Select if primary business address is the same as billing address.

The primary business address can't be a P.O. Box. If you provide a P.O. Box, your enrollment application will be rejected.

*Street address Apt./Ste. #
1 Employer Way

*City *ZIP code *County *State
Frederick 22603 FREDERICK VA

*Phone number Ext. Second phone number Ext.
(123) 456-7890

Fax number

UPDATE APPLICATION

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ACCESSIBILITY | PRIVACY POLICY | 50803 THIS SITE | PLAN DRIVING | VISITORS & PLAYERS

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USA.gov

Note: You can't change your primary business address to a different state. If your primary business has moved to another state, you won't be eligible to renew this coverage for your small business.

If you've moved to another state and want to enroll in the SHOP Marketplace for that state, you'll return to the [My Eligibility](#) page and select **ADD ANOTHER STATE**. Select **Cancel** if you want to return to the [My eligibility](#) screen.

The screenshot displays the HealthCare.gov interface. At the top, there are navigation links: 'Create enrollment', 'Manage employees', 'My account', and 'Get assistance'. A 'Español' language toggle is also present. Below the navigation, a 'DE: Change state' button is visible. The main content area is titled 'My eligibility' and contains the following text: 'You can view information provided to the Small Business Health Options Program (SHOP) Marketplace as part of your application to participate. You may also withdraw your eligibility request or create a new request.' Below this is a section titled 'Do you have an office in another state?' with a green 'ADD ANOTHER STATE' button. The 'Eligibility status' section features a table with the following data:

Application ID	Status	Date Submitted	Actions
1000006763	Approved	2015-09-24	View Withdraw application Update application Create enrollment

Enrollment period

On the [Set enrollment period](#) page, the Start coverage on field will default to the renewal start date and can't be changed. Your group's enrollment period (Start enrollment period on/Last day employees have to enroll) is the timeframe your employees have to review your coverage offer, and accept or decline coverage. Your enrollment period must be 7 days or longer. Remember, you must submit your application by the 15th of the month that your coverage is ending for the coverage to start on the first of the following month to prevent a gap in coverage. Allow yourself enough time to review and submit the group enrollment information.

The **Employee waiting period** is the period of time you decide must pass before coverage can become effective for a new employee hired after your enrollment period. You're not required to set a waiting period, but if you do, you can choose 0, 15, 30, 45, or 60 days. During plan renewal, this field will show the waiting period you currently set for new hires, but you can change it.

Select **SAVE & CONTINUE** when you complete this page.

HealthCare.gov Create enrollment Manage employees My account Get assistance - Español

DE: Change state 0 Cart Log out susan1griffith@yopmail.com

ENROLLMENT CREATION

- 1 Set enrollment period**
- 2 Decide how you offer coverage
- 3 Set employer premium contribution
- 4 Select plans
- 5 Summary & submit

Set enrollment period

The enrollment period is the timeframe your employees have to review your coverage offer and accept or decline coverage. Remember, you must submit your application by the 15th of the month if you want your coverage to start on the 1st of the following month.

Choose the day you want your enrollment period to start and the last day your employees have to enroll. If employees don't select coverage during this enrollment period, they may not be eligible for the coverage you offer. Be sure to leave enough time to allow your employees to respond to your offer of coverage. This will ensure that your completed application is submitted in time to meet the coverage start date you select below.

The coverage start date may affect your costs. This is due to quarterly rate increases that may be set by insurance companies. Once you enroll, your premium is locked in for 12 months.

A field with an asterisk () before it is a required field.*

***Start coverage on**

11/01/2015

***Start enrollment period on**

***Last day employees have to enroll**

Employee waiting period

You have the option of setting up a waiting period for new employees before coverage can start. You can choose a waiting period of 0, 15, 30, 45, or 60 days.

How many days would you like new employees to wait to be enrolled after being hired?

0 days

SAVE & CONTINUE

Employer premium contribution

On the [Set employer premium contribution](#) page, various fields will be prepopulated with information from your 2015 enrollment. On this page, you can change the amount you want to contribute toward employee and dependent premiums (if you offer dependent coverage).

Note: To qualify for the Small Business Health Care Tax Credit, you must contribute at least 50% of the total employee premium.

- If you offer one health plan, you'll contribute a fixed percentage of the individual plan premium for each employee and dependent (if you offer dependent coverage). Under **Contribution method**, select the **Fixed percentage** radio button for health and dental coverage, if applicable. Then you can enter your percentage contribution in the box for employees and dependents.

- If you offer your employees a choice of plans, you have 2 options:

1. **Contribute a fixed percentage of any individual plan premium within a health plan category** (like Bronze or Silver) for each employee and dependent (if you offer dependent coverage). The fixed percentage amount will vary from employee to employee based on their age and the plan they choose.

For example: Jane is 25, and her premium is \$200 per month. John is 60, and his premium is \$300 per month. You decided to pay 80% toward your employees' individual plan premiums (which varies by their age). This means that you'll pay \$160 per month toward Jane's premium and \$240 per month toward John's premium. If you choose this option, under **Contribution method**, select **Fixed percentage** for health and dental coverage, if applicable. Then you can enter your percentage contribution in the box for employees and dependents.

2. **Contribute a fixed percentage of a specific "reference plan" premium amount that you choose.** The reference plan is used only to determine the percentage amount you'll contribute toward your employees' premium. The reference plan premium amount will vary from employee to employee based on their age.

For example: The reference plan premium is \$100 for Jane and your contribution is 50%. You'll pay \$50 toward Jane's premium, even if she chooses a different plan.

If you choose this option, select the **Reference plan** radio button for health and dental coverage, if applicable. Then you can enter your percentage contribution in the box for employees and dependents.

Whether you offer one plan or a choice of plans, your percentage contribution will convert to a specific dollar amount that you can use for budgeting purposes. You'll see what the employees' and your premium contribution will be when you compare plans.

Select the appropriate radio button if you want to contribute to dependent and domestic partner premiums. If you decide to offer dependent coverage without contributing toward coverage, add a "0" in the dependents percentage contribution box.

Note: You may return to this page at any time prior to submitting the enrollment application, to revise the percentage contribution entered.

After you enter your percentage contribution, select **SAVE & CONTINUE**.



ENROLLMENT CREATION

- 1 Set enrollment period
- 2 Decide how you offer coverage
- 3 Set employer premium contribution**
- 4 Select plans
- 5 Summary & submit

Set employer premium contribution

To help you decide how much to contribute, choose a percentage amount for employees and dependents for one of 2 contribution methods.

1. You can contribute a fixed percentage that will be calculated based on the individual plan premium for each employee and dependent.
2. You can base your percentage contribution on a reference plan premium if your employees are selecting coverage from a plan category you chose.

The percentage in both contribution methods will translate to a dollar amount you can use for budgeting purposes. This amount will also be applied to your monthly cost as you compare plans. **You can come back here and change your contribution any time as you compare plans.**

**Required field.*

Contribution method

- Reference plan Fixed percentage

Will you offer coverage for dependents?

- Yes No

Will dependent coverage include coverage for domestic partners?

Check all that apply.

- I'll offer coverage for opposite sex domestic partners.
 I'll offer coverage for same sex domestic partners.

Health coverage

To qualify for the tax credit, you must pay at least 50% of your full-time employees' premium costs.

*Contribution % for employee

*Contribution % for dependent

Dental coverage

*Contribution % for employee

*Contribution % for dependent

BACK

SAVE & CONTINUE

Plan selection

The online process to select a plan hasn't changed. However, there are some important changes in the SHOP Marketplace program for 2016:

- All employers in all SHOP Marketplace states can now offer Employee Choice, which gives employees the option to select any plan from the plan category that you select.
- Employers can choose to enroll in dental coverage without enrolling in a health plan.

See the [Employer Enrollment User Guide](#) at Marketplace.cms.gov/outreach-and-education/shop-employer-enrollment-user-guide.pdf for details on plan selection and enrollment options.

Plan review and application submission

You'll review your plan selection and submit your application as you did during your initial Open Enrollment Period. Make sure to notify your employees of the renewal coverage offer and their required response. You can monitor employee response on the [My Enrollment](#) page. When your enrollment period closes or after your employees have responded to your coverage offer - and you've met your applicable minimum participation rate, select **SUBMIT APPLICATION**.

Select **PAY NOW** to pay your first month's premium. You must submit your first month's premium payment by the renewal enrollment deadline (the 15th of the month prior to the coverage effective date) for coverage to be effective on the first of the month. After making your first month's premium payment, you'll get an invoice each month for your monthly premium.

NOTE: The minimum participation rate for employee enrollment doesn't apply between November 15 - December 15 each year. Outside of this enrollment period, you must meet the minimum participation rate for your state to qualify for SHOP Marketplace coverage. For plan years starting on or after January 1, 2016, the SHOP Marketplace minimum participation rate is based on the rate of employee participation in the SHOP Marketplace and in other minimum essential coverage, including employees enrolled in coverage through another group health plan, Medicare, Medicaid, TRICARE, coverage sold through the individual market, or in other minimum essential coverage. There's no minimum participation rate requirement to enroll in a dental plan.

For more information, visit HealthCare.gov/small-businesses/provide-shop-coverage/qualify-for-shop-marketplace.

Missed renewal period

If you log into your HealthCare.gov account after the 15th of the month but before the 19th of the month of your missed renewal period, you'll see this page. Contact the SHOP Call Center to renew your coverage.

The screenshot shows the HealthCare.gov user interface. At the top, there is a navigation bar with the HealthCare.gov logo, links for 'Create enrollment', 'Manage employees', 'My account', and 'Get assistance', along with a language selector for 'Español'. Below this is a secondary bar showing the user's location as 'VA: Change state' and a 'Log out' button for the email '2_Stage@yopmail.com'. On the left side, there is a vertical menu with icons and labels for 'Overview', 'My eligibility' (which is highlighted), 'Account profile', 'My enrollment', 'Brokers and proposals', 'Employer payment and billing', and 'Message center'. The main content area is titled 'My eligibility' and features a prominent blue information box with an 'i' icon stating: 'Important: The renewal period is closed. If you still want to renew coverage, contact the SHOP Call Center before the 15th of this month at 1-800-706-7893 (TTY 711)'. Below this, a paragraph explains that users can view information provided to the Small Business Health Options Program (SHOP) Marketplace and can withdraw or create new requests. A section titled 'Do you have an office in another state?' offers a green 'ADD ANOTHER STATE' button. At the bottom, an 'Eligibility status' table is displayed.

Application ID	Status	Date Submitted	Actions
1000005975	Approved	2015-07-31	View Withdraw application Update application

If you log into your **HealthCare.gov** account after the 19th of the month of your missed renewal period, you'll see this screen. If you've missed your renewal period, you'll have to create a new enrollment and you and your employees will have a gap in coverage.

HealthCare.gov Create enrollment Manage employees My account Get assistance - Español

VA: Change state Log out 2.Stage@yopmail.com

- Overview
- My eligibility**
- Account profile
- My enrollment
- Brokers and proposals
- Employer payment and billing
- Message center

My eligibility

i Important: You're no longer eligible to renew this coverage. Select "Create eligibility" to start a new application.

You can view information provided to the Small Business Health Options Program (SHOP) Marketplace as part of your application to participate. You may also withdraw your eligibility request or create a new request.

Do you have an office in another state?

Get eligibility information and access to SHOP coverage for your other offices.

ADD ANOTHER STATE

Eligibility status

Application ID	Status	Date Submitted	Actions
1000005975	Approved	2015-07-31	View Withdraw application
			Create

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USA.gov

Select **Create** to redetermine your SHOP Marketplace eligibility and proceed with your SHOP Marketplace application.

HealthCare.gov Create enrollment Manage employees My account Get assistance - Español

VA: Change state Log out 2.Stage@yopmail.com

- Overview
- My eligibility**
- Account profile
- My enrollment
- Brokers and proposals
- Employer payment and billing
- Message center

My eligibility

You can view information provided to the Small Business Health Options Program (SHOP) Marketplace as part of your application to participate. You may also withdraw your eligibility request or create a new request.

Do you have an office in another state?

Get eligibility information and access to SHOP coverage for your other offices.

ADD ANOTHER STATE

Eligibility status

Application ID	Status	Date Submitted	Actions
1000005975	Approved	2015-07-31	View
1000006205	Approved	2016-01-10	View Withdraw application Update application Create enrollment

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A federal government website managed by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244

USA.gov

SHOP Marketplace - Employee Plan Renewal

Starting your renewal application in your HealthCare.gov account

When you get a renewal coverage offer from your employer, you can review and accept the offer by logging into your **HealthCare.gov** account and entering your username and password. You'll have at least 7 days to complete your renewal application.

Select **BEGIN**.

The screenshot shows the 'My Employer' page in a HealthCare.gov account. The page has a dark blue header with 'My account', 'Get assistance -', and 'Español' links. A 'Log out sourabh' button is in the top right. A left sidebar contains navigation links: 'My Profile', 'My Employer' (highlighted), 'My Enrollment', 'My Plans', and 'Message center'. The main content area is titled 'My Employer' and contains instructions: 'Enter your SHOP participation code given to you by your employer. If you don't plan to accept your employer's offer of coverage, you should still enter the code below. Even if you don't want coverage now, you must enter some basic information so your employer knows about your decision. Contact your employer if you don't have a SHOP participation code. If you need help, call 1-800-exchange Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711. To chat with a trained representative, select "Get assistance".' Below this is a form titled 'Enter your participation code and Social Security Number (SSN)'. It has two fields: '*SHOP participation code' and '*SSN'. The SSN field contains '239-74-2834'. A green 'VERIFY' button is to the right. Below the form is a 'Verified employers' table with two columns: 'Employer name' and 'Mailing address'. The table lists 'Sam Inc' with mailing address 'D-13 sector 59, 72120, FAULKNER, AR'. At the bottom, a light blue box contains an 'Important' message: 'Important: You have renewal offer of health coverage from sam shop.' It shows 'Start enrollment period on 03/25/2015' and 'Last day employees have to enroll 03/26/2015'. The 'Enrollment status' is 'Not started' and a green 'BEGIN' button is at the bottom right.

Employer name	Mailing address
Sam Inc	D-13 sector 59 72120, FAULKNER, AR

Important: You have renewal offer of health coverage from sam shop.

Start enrollment period on	Last day employees have to enroll
03/25/2015	03/26/2015

Enrollment status: Not started

Accepting the renewal coverage offer

You should review your employer's coverage offer and your personal information. If your employer is offering both health and dental coverage, you can choose to enroll in health and/or dental coverage. You're not required to accept both. If your employer offers dependent coverage, your dependent(s) can choose to take health or dental coverage, or both, as long as you also enroll. You can also decide which dependents, if any, you want to enroll in either health or dental coverage, or in both. Keep in mind, this will be your only opportunity to enroll in the offered plans until the next Open Enrollment Period, unless you experience a life status change.

Select **Yes** to accept the offer of health and/or dental coverage.

Select **No** to waive the offer of health and/or dental coverage.

Enter your name in the **Electronic signature** field and select **SAVE & CONTINUE** to submit your application.

The screenshot shows the HealthCare.gov website interface. At the top, there is a navigation bar with 'HealthCare.gov', 'My account', 'Get assistance -', and a language selector for 'Español'. A user is logged in as 'employeeKshitij_0702'. The main content area is titled 'My employer' and includes a 'BACK TO MY EMPLOYER' button. Below this is a 'Summary of employer's coverage offer' section with the following details:

Summary of employer's coverage offer	
Employer name virginia eligibility	Employer address virginia eligibility virginia eligibility virginia eligibility, VA 20171 FAIRFAX
Employee ID 1	
Enrollment period 07/02/2015 to 07/15/2015	Estimated effective date 08/01/2015
Health plan	
Coverage Employee:	Contribution 44.00%

Below the summary is a 'Health Coverage Waiver' section with the text: 'Will you accept this health coverage offered by your employer? Select "yes" or "no" below. You can return to this page to make your choice after viewing health plans.' There are two radio button options: 'Yes, I plan to accept this coverage through my employer.' (selected) and 'No, I decline this coverage through my employer.'

Self



Important: Verify all information before you submit. You won't be able to make changes once you sign and submit your application.

First name

Kshiti

Middle name

+

Last name

Gupta

Suffix

Suffix

*SSN

*Date of birth

09/03/1986

Format: 123-12-1234

*Sex

Male Female

Home address

*Street address

va

Apt./Ste. #

va

*City

vava

*ZIP code

20171

*County

FAIRFAX

*State

VA

Mailing address

*Street address

123

Apt./Ste. #

345

*City

jefferson

*ZIP code

80001

*County

JEFFERSON

*State

CO

Contact preferences

*Email address

sachin@gmail.com

*Phone number

(987) 876-7635

Ext.

Phone type

Cell

Second phone number

Ext.

Phone type

Home

Preferred spoken language

English

Preferred written language

English

- Notices will be sent to the email address you listed above. Check here if you also want to get paper notices in the mail.

Race (optional)

Select

If of Hispanic, Latino, or Spanish origin, select ethnicity (optional)

Select

Are you a member of a federally recognized tribe?

- Yes
- No

* Within the past 6 months, have you used tobacco regularly (4 or more times per week on average excluding religious or ceremonial use)?

- Yes
- No

Do you plan to complete a tobacco cessation program for tobacco users offered by the health plan?

- Yes. I understand that my premiums won't include the tobacco surcharge of up to 50%, which can be billed to me if I don't complete the program.
- No. I understand that my premiums will include a tobacco surcharge if the health plan charges one.

Will you have any of these sources of health coverage once this employer's SHOP plan is effective?

- Yes
- No

The other health coverage is through:

I know that I must tell the SHOP if information I listed on this application changes.

I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. In addition, I know that my coverage and the coverage for my dependents (if applicable) may be impacted if I provide false or untrue information.

Following federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

*Electronic signature

Kshitij Gupta
Date: 07/06/2015

CANCEL

SAVE & CONTINUE

Reviewing plans

You can review your current and renewal plans by selecting [View Details](#) on the [My Enrollment](#) page under the [Action](#) column.

HealthCare.gov My account Get assistance - Español

Log out larry810@yopmail.com

My profile
My employer
My enrollment
My plans
Message center

My enrollment

Enrollments for Larry Johnson

1 to 1 of 1

Enrollment period	Enrollment ID	Date submitted	Coverage start date	Action
09/01/2015 - 08/31/2016	1000003669	10/01/2015	09/01/2015	View details

Enrollment history

1 to 1 of 1

Enrollment period	Enrollment ID	Date submitted	Coverage start date	Action
01/01/2016 - 12/31/2016	1000004422	10/01/2015	01/01/2016	View details

SHOP Marketplace – Agent/Broker Renewal

Create a proposal

You can create a renewal enrollment proposal for employers who have given you authorized access to their account by logging into your SHOP Marketplace Agent/Broker Portal account and entering your username and password.

Select **CREATE RENEWAL PROPOSAL** to create an enrollment proposal for an employer.

Select **VIEW DETAILS** to review information on a previously sent proposal.

See the **SHOP Agent Broker User Guide** at Marketplace.cms.gov/technical-assistance-resources/agent-broker-user-guide.pdf for additional enrollment instructions for employers.

HealthCare.gov Manage clients Manage enrollments My account Get assistance - Español

Log out AGENT6IMPL

CLIENT: SUSAN GRIFFITH

- Eligibility
- Proposals**
- Enrollment
- Manage employees
- Employer payment and billing

Proposals

CREATE PROPOSAL

Proposal sent on 6/30/15 11:38:15 AM

VIEW DETAILS **RESEND PROPOSAL**

Health coverage

Plan Name	Total estimated cost	Annual deductibles	Employer's Monthly Share	Employee's Monthly Share
Anthem Blue Cross BlueShield Anthem Bronze Blue Access X PPO 3500E 20 6450 Plus w HSA PPO Bronze	\$350.74	\$3,500.00 per person \$7,000.00 per family	\$175.37	\$175.37

Dental coverage

Plan Name	Total estimated cost	Annual deductibles	Employer's Monthly Share	Employee's Monthly Share
MetLife Family Basic Dental Plan (Low) PPO LOW coverage category	\$23.62	\$100.00 per person \$300.00 per family	\$11.81	\$11.81

Older proposals

GLOSSARY | CONTACT US | ARCHIVE

ACCESSIBILITY | PRIVACY POLICY | USING THIS SITE | PLAIN WRITING | VIEWERS & PLAYERS

A federal government website managed by the U.S. Centers for Medicare & Medicaid Services, 7000 Security Boulevard, Baltimore, MD 21244

USA.gov

Have Questions or Need Help?

For more information on the SHOP Marketplace, visit [HealthCare.gov/small-businesses](https://www.healthcare.gov/small-businesses). You can also contact the SHOP Call Center at 1-800-706-7893, Monday – Friday, 9 a.m. – 7 p.m. ET. TTY users should call 711 to reach a call center representative.

