



# SHOP Marketplace

Health Insurance for Small Businesses

## **EMPLOYER ENROLLMENT USER GUIDE**

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# SHOP Marketplace - Employer Enrollment Application

The online SHOP Marketplace is open for employers with 1-50 employees to enroll in coverage, in most states. If you already have coverage through the SHOP Marketplace, you'll need to visit [HealthCare.gov](https://www.healthcare.gov) to renew your coverage. Learn more about SHOP Marketplace renewals at [Marketplace.cms.gov/technical-assistance-resources/shop-renewal-guide.pdf](https://marketplace.cms.gov/technical-assistance-resources/shop-renewal-guide.pdf).

**If your business is in one of these states, use this document to guide you through the enrollment process:**

Alabama	Maine	Pennsylvania
Alaska	Michigan	South Carolina
Arizona	Missouri	South Dakota
Delaware	Montana	Tennessee
Florida	Nebraska	Texas
Georgia	Nevada	Virginia
Illinois	New Hampshire	West Virginia
Indiana	New Jersey	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Ohio	
Louisiana	Oklahoma	

If your business is in a state that's not listed above, that means the state is running its own SHOP Marketplace. You'll need to follow your state's application enrollment process.

To find your state's SHOP Marketplace, visit [HealthCare.gov/smallbusinesses](https://www.healthcare.gov/smallbusinesses) and select your state from the drop-down menu, or contact the SHOP Call Center at 1-800-706-7893, Monday - Friday, 9a.m. - 7p.m. ET. TTY users can call 711 to reach a call center representative.

If you're working with a SHOP Marketplace registered agent or broker, they'll follow the same process you do to complete your application. You may authorize an agent or broker to help with your application and enrollment at any time.

**Important:** You can stop at any point in the application and save your information. To return to where you stopped, select **My eligibility**, then select **Edit enrollment** in the **Actions** field. The system will time out after 30 minutes of inactivity.

## Create a Marketplace account

To start the SHOP Marketplace enrollment process, visit HealthCare.gov and create your account. After you create an account, you can store all business, employee, and coverage information, and access the SHOP Marketplace enrollment application. If you're renewing your enrollment or shopping for a new plan, you can use your existing account.

- **Select your state.** Visit the small business employer page at [HealthCare.gov/small-businesses/employers](https://www.healthcare.gov/small-businesses/employers) and select your state from the drop-down menu. Select the state where your primary business address is located. Then select **APPLY NOW**.

**Note:** If you already have a Marketplace account, you can select **Log in** to use the same account for the SHOP Marketplace (same username and password).



The screenshot shows the HealthCare.gov website interface for Small Businesses. The top navigation bar includes the HealthCare.gov logo, tabs for 'Individuals & Families' and 'Small Businesses', and links for 'Log in' and 'Español'. Below the navigation, there are buttons for 'For Employers', 'For Employees', and 'Get Answers -', along with a search bar and a 'SEARCH' button. The main content area features a large heading: 'Offer quality, affordable coverage to your employees any time'. Below this, it states: 'Have 50 employees or fewer? Use the Small Business Health Options Program (SHOP) Marketplace to offer them coverage.' A dropdown menu shows 'Delaware' selected. Below the dropdown, it says: 'Apply for SHOP coverage online. Not sure your business qualifies for SHOP? Learn more first.' There are two prominent green buttons: 'APPLY NOW' (highlighted with a red box) and 'LEARN MORE'. At the bottom, there is a link: 'Own a business in more than one state?'



- **Answer a few questions.** On the **Create an account page**, you'll enter your first and last name, email address, and preferred password.

Next, you'll answer a few security questions. These questions will be helpful in case you forget your username and/or password and have trouble logging in.

- Select the box stating that you understand and agree with HealthCare.gov's privacy policy and, then select **CREATE ACCOUNT**.

**Note:** When you create your account, the information you provide is case sensitive. Remember to enter the information the same way when you log-in.

HealthCare.gov Individuals & Families Small Businesses Log in Español

## Create an account

Create an account to apply for Marketplace coverage.

If you already have an account, [log in](#). If you're having trouble, don't create another account. [Get help if you're having trouble logging into your account.](#)

Select your state to get started.

Delaware

First name Last name

Your email address will also be your username when you log in.

Email address

Use: 8-20 characters Upper & lowercase letters Number(s)

Password

Retype password

Pick 3 questions that only you will be able to answer. If you forget your password, we'll ask you these questions to verify your identity.

Pick a question Type an answer

Pick a question Type an answer

Pick a question Type an answer

I understand and agree with the HealthCare.gov [privacy policy and terms and conditions](#).

The Marketplace will send you emails with important enrollment information, updates and reminders. You can unsubscribe at any time by clicking the link at the bottom of any Marketplace email.

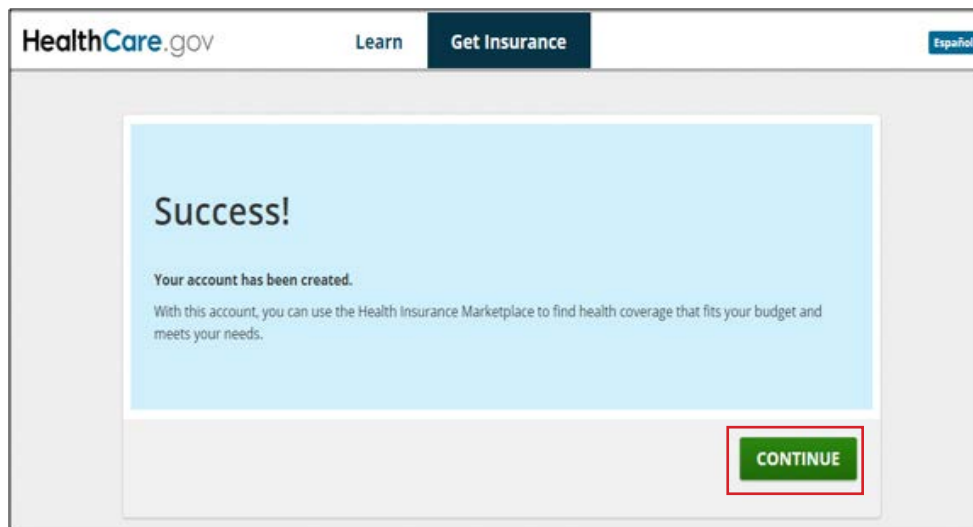
**CREATE ACCOUNT**

[Already have an account? Log in.](#)

- **Verify your email address.** You must verify that the email address you gave for the account is correct. You'll get an email with a link that's unique to you. Follow the instructions on the screen.  
**Note:** If you don't verify your email address within 48 hours of getting the email, the link in the email will expire. You'll need to get another verification email before you try to log into your account.



After you verify your email address, you'll see a "Success!" page letting you know that your account has been created. Select **CONTINUE** to create your profile and verify your identity.

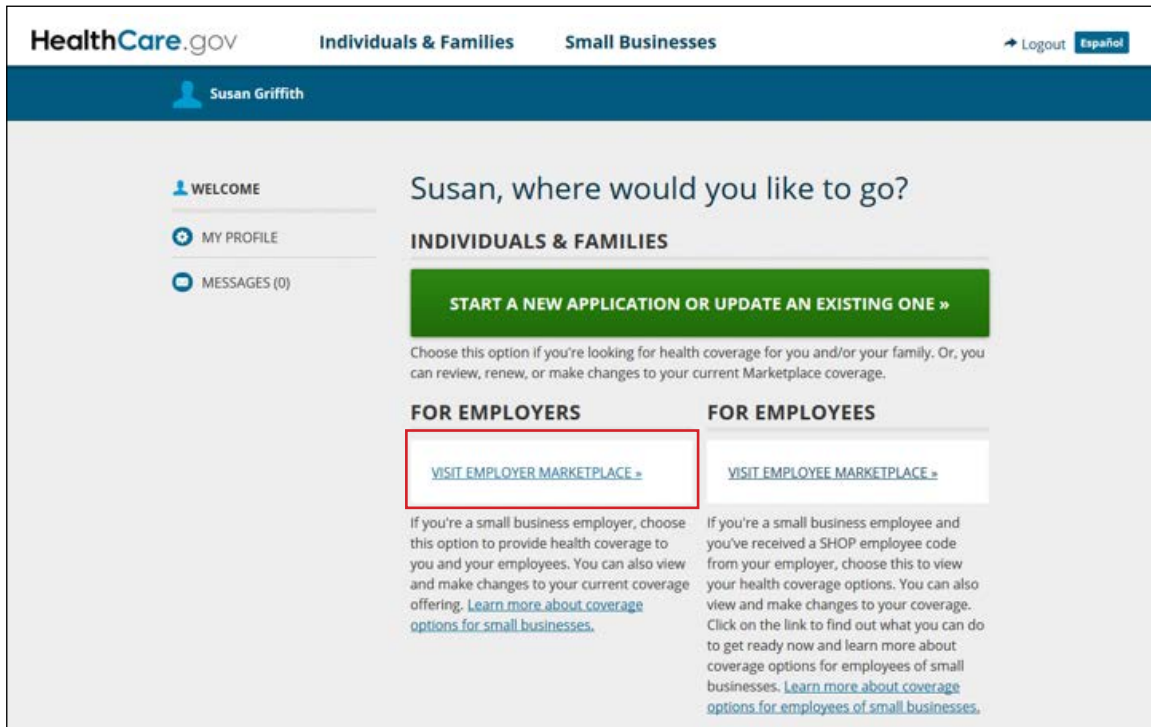


If you try to log into your account without verifying your email address, you'll get an expiration notice. Select **Resend Verification Email** on the expiration notice and follow the steps above to verify your email address.

## Create a profile

The next step to prepare for enrollment is to create your profile. This process is used to verify your identity and protect your privacy.

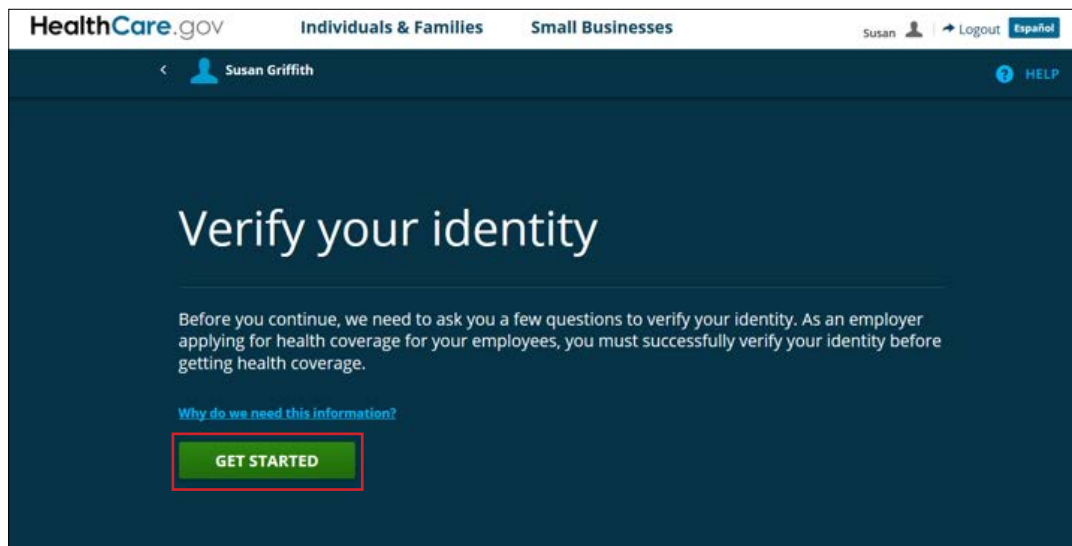
- **Log into your Marketplace account.** Enter your new username and password, then select **I ACCEPT** on the **Terms & Conditions** page.
- **Select the employer application.** On the **WELCOME** page, select **VISIT EMPLOYER MARKETPLACE**.
- **Review your information.** Carefully review the details on the **My Profile** page and add or change any information that's missing, like your phone number and address. Select **Verify Now**.



## Verify your identity

To protect your personal information, you must verify your identity.

- **Start identity proofing.** On the **Verify your identity screen**, select **GET STARTED**. This process will help protect your employees' and your personal information. Without this identity verification process, someone else could create an account in your name without your knowledge.



- **Enter data in required fields.** On the **Contact information** page, enter this data in the required fields:
  - First and last name. Enter your first and last name as they appear in legal documents, like a driver's license or passport, and add any suffixes (like Sr, Jr, II, etc.)
  - Date of birth
  - Social Security Number (optional)
  - Email address
  - Street address, City, State, ZIP code, preferred phone number, and phone type

Review and select **CONTINUE**.

The screenshot shows the 'Contact information' form on the HealthCare.gov website. The user is identified as Susan Griffith. The form includes the following fields and options:

- First name:** Susan
- Middle (optional):** [Empty]
- Last name:** Griffith
- Suffix (optional):** Select...
- Date of birth:** [Empty]
- Social Security number (optional):** [Empty]
- Email address:** susan3griffith@yopmail.com
- Street address:** [Empty]
- Apt./Ste # (optional):** [Empty]
- City:** [Empty]
- State:** Select...
- ZIP code:** [Empty]
- Phone number:** [Empty]
- Ext. (optional):** [Empty]
- Phone type (Select one.):** optional Select...

A green **CONTINUE** button is located at the bottom right of the form, highlighted with a red border.

- **Answer questions to verify identity.** Answer personal questions on the **Identity questions** page to confirm your identity. These questions will be different for each person. You must answer all the required questions to start the SHOP Marketplace enrollment process. Select **CONTINUE**.

**Note:** If you don't answer the questions correctly after 2 tries, you'll get a failure message.



1 VERIFY YOUR IDENTITY

✓ Contact information

2 Identity questions

## Identity questions

### Answer these questions so we can verify your identity.

1. You may have opened an auto loan in or around March 2014. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- TOYOTA MOTOR CREDIT CO
- BANK AMERICA
- TRANSAMERICA
- AMERICAN HONDA FIN
- NONE OF THE ABOVE/DOES NOT APPLY

2. According to our records, you previously lived on (RR). Please choose the city from the following list where this street is located.

- TURTLE LAKE
- CUT BANK
- WOLF POINT
- BILLINGS
- NONE OF THE ABOVE/DOES NOT APPLY

3. According to our records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to March 2013 from the following choices.

- JEEP WRANGLER
- PONTIAC 6000
- NISSAN 240
- GMC TRACKER
- NONE OF THE ABOVE/DOES NOT APPLY

4. Which of the following is the highest level of education you have completed? If there is not a matched educational level, please select 'NONE OF THE ABOVE'.

- HIGH SCHOOL DIPLOMA
- SOME COLLEGE
- BACHELOR DEGREE
- GRADUATE DEGREE
- NONE OF THE ABOVE/DOES NOT APPLY

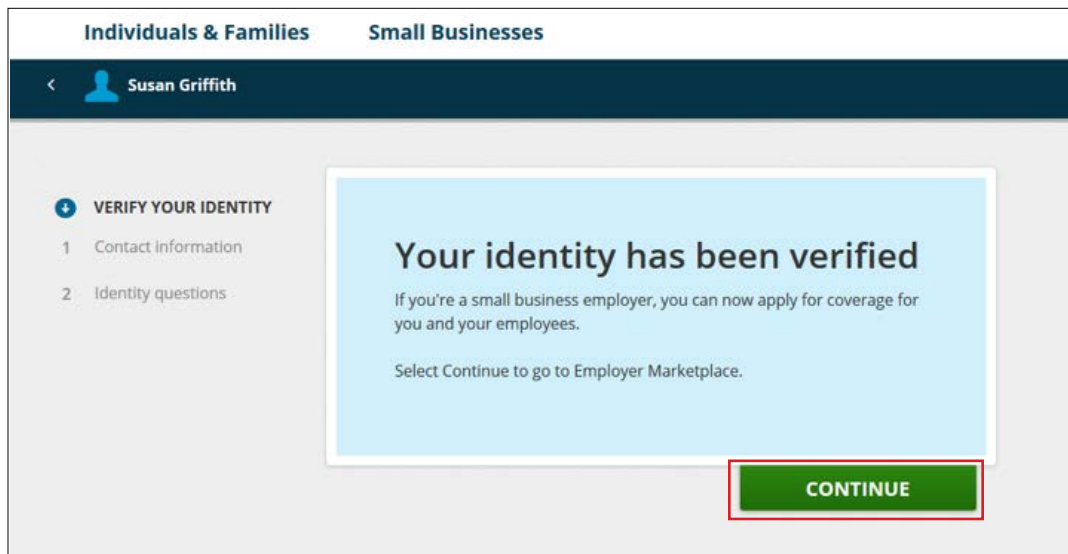
[CONTINUE](#)



On the next screen, you'll see one of these messages:

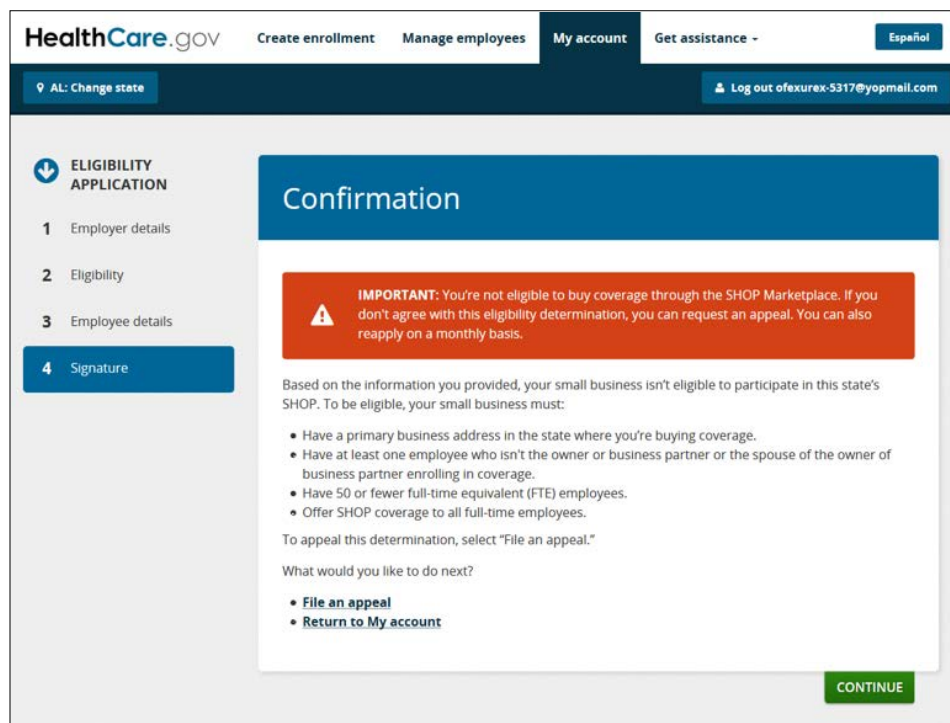
- **Your identity has been verified.**

If your identity is verified, select **CONTINUE** to start your SHOP application.



- **Your identity wasn't verified.**

If your identity wasn't verified, follow the directions on the screen. If you need help, call Experian Verification Services at 1-866-578-5409. In some cases you may be asked to submit documents to verify your identity. You'll have to finish this process before you can complete the SHOP Marketplace application. To learn more about identity verification, visit [HealthCare.gov/individual-privacy-act-statement](https://www.healthcare.gov/individual-privacy-act-statement).



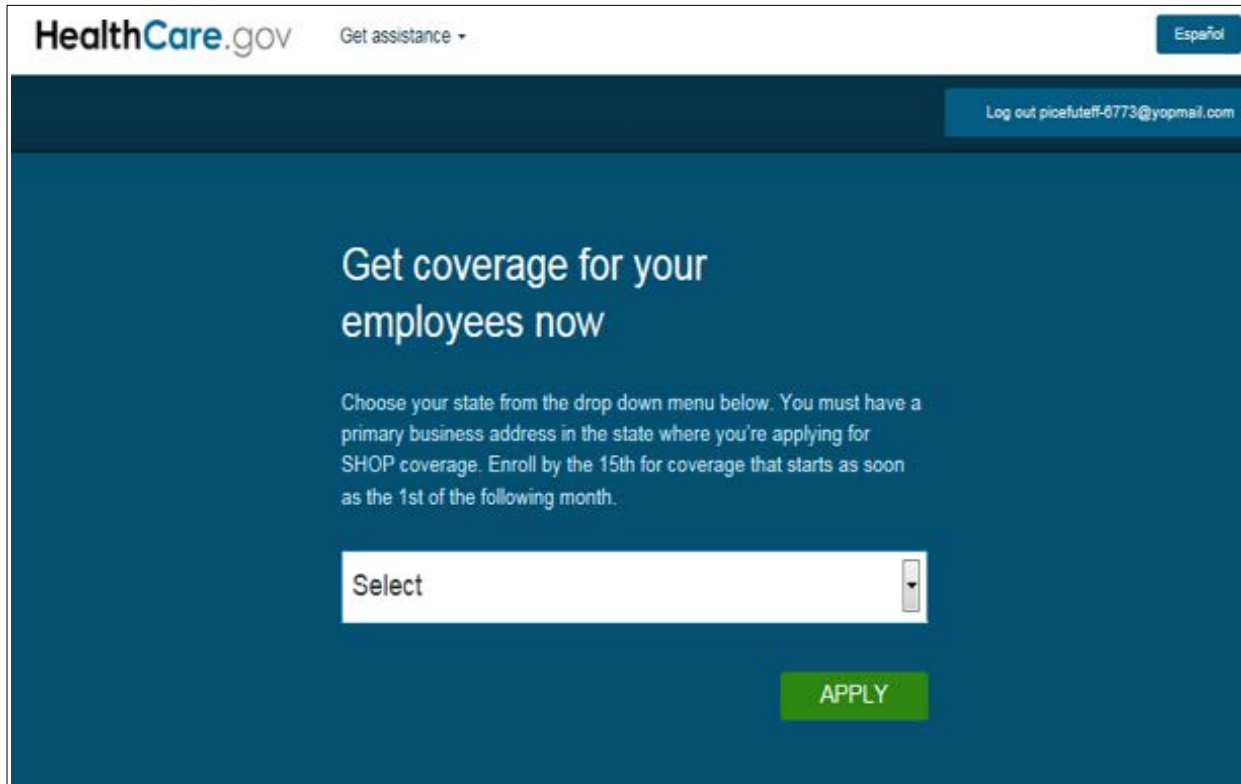
## Browse SHOP Marketplace plans

Before you get started, you have the option to preview health and dental plans that may be available to you at [HealthCare.gov/see-plans/small-business](https://www.healthcare.gov/see-plans/small-business).

The screenshot shows the HealthCare.gov Small Business Marketplace interface. At the top, there are navigation tabs for "Individuals & Families" and "Small Businesses" (which is selected). A "Log in" link and a language selector for "Español" are also present. A warning banner states: "Important: The premiums below are only estimates. You'll need to submit a SHOP Marketplace application to get final plan prices. Some plans and details you see here may change." Below this, the page title is "23 Health Plans". There are filters for "Viewing: HEALTH PLANS" and "DENTAL PLANS", and a "Sort: by monthly premium" dropdown. A "BACK TO QUESTIONS" button is on the left. The main content area displays details for the "CareFirst BlueChoice - BlueChoice HMO Referral HSA/HRA \$4,000" plan. A "Compare" button is in the top right of the plan details. The plan is a "Bronze HMO" with a "National Provider Network" and "Plan ID: 10207VA0550002". Key financial details are shown in three columns: "EMPLOYER'S ESTIMATED MONTHLY PREMIUM \$160" (with "Number of people covered: 1" below it), "ESTIMATED DEDUCTIBLE" with "\$4,000" for "Estimated individual total" and "\$8,000" for "Estimated family total", and "ESTIMATED OUT-OF-POCKET MAXIMUM" with "\$6,350" for "Estimated individual total" and "\$12,700" for "Estimated family total". Below these are "COPAYMENTS / COINSURANCE" details: "Primary doctor: 20% Coinsurance after deductible", "Specialist doctor: 20% Coinsurance after deductible", "Emergency room care: 20% Coinsurance after deductible", and "Generic drugs: \$10 Copay after deductible". There are links for "Summary of Benefits" and "Provider directory". A large blue button at the bottom says "LEARN MORE ABOUT THIS PLAN". On the left sidebar, there are sections for "NARROW YOUR RESULTS" (with a sub-note "See only plans with these features"), "Premium" (with options: "less than \$200 (5)", "less than \$300 (18)", "less than \$400 (22)", "less than \$600 (22)"), "Health plan categories" (with options: "Bronze plans (5)", "Silver plans (6)", "Gold plans (7)", "Platinum plans (5)"), "Plan Types" (with options: "PPO (4)", "HMO (18)", "POS (1)"), and "Insurance companies".

## Start a SHOP Marketplace application

Once you decide that SHOP Marketplace coverage might be right for you, you can start the application process. Choose the state where your business is located from the drop-down menu, then select **APPLY**. You must have a primary business address in the state where you're applying for SHOP Marketplace coverage. If you have multiple businesses or operate in multiple states, visit [HealthCare.gov/small-businesses/provide-shop-coverage/business-in-more-than-one-state](https://www.healthcare.gov/small-businesses/provide-shop-coverage/business-in-more-than-one-state) for more information.



The screenshot shows the HealthCare.gov website interface for starting a SHOP Marketplace application. At the top left is the HealthCare.gov logo and a "Get assistance" dropdown menu. At the top right is a "Español" button. Below the header is a dark blue navigation bar with a "Log out piecefuteff-6773@yopmail.com" link. The main content area has a dark blue background with the heading "Get coverage for your employees now". Below the heading is a paragraph of text: "Choose your state from the drop down menu below. You must have a primary business address in the state where you're applying for SHOP coverage. Enroll by the 15th for coverage that starts as soon as the 1st of the following month." Below this text is a white dropdown menu with the word "Select" and a downward arrow. At the bottom right of the main content area is a green "APPLY" button.

- **Get help with your SHOP Marketplace application.** You can get an authorized agent or broker to help with your SHOP Marketplace application at any time. They can help you with the enrollment process, health and/or dental plan selection, and provide account management support.

Select the **Find an agent/broker** tab to get SHOP Marketplace enrollment help from an agent or broker. On the **Find an agent/broker** page, you can search a list of agents and brokers registered to work with the SHOP Marketplace in your area. Enter information about your location and preferred language.

**HealthCare.gov** Manage enrollment Manage employees My account Find an agent/broker Get assistance -

DE: Change state Español Log out Johncarson0406@yopmail.com

Find an agent/broker

## Find an agent/broker

You can choose to get SHOP enrollment help from an agent or broker registered to work with SHOP. Each agent or broker listed in the search has completed the SHOP privacy and security agreement and is able to assist you.

If you decide to do so, you must authorize them to act on your behalf. You can remove authorization at any time.

To search for an agent/broker, enter information about your location and preferred language. You can also enter your agent/broker's information if available.

If you don't want to find an agent/broker, click one of the tabs above to continue your application.

You can authorize an agent/broker before or after you start your SHOP application.

ZIP code

Distance

Agent/broker last name

National Producer Number (NPN)

Language

SEARCH

You'll have to authorize the agent/broker to act on your behalf. You can revoke the agent/broker's authorization if you no longer want help or you want to change agents/brokers. **Note:** You can only change agents and brokers twice within 12 months.

- If you already have an agent or broker, you can enter the agent/broker's name and National Producer Number (NPN), if available.
- Make sure your agent or broker has completed their own SHOP Marketplace registration requirements, so you can authorize them to act on your behalf.
- **Enter information about your business.** On the **My account** tab, select **My eligibility**. Then select **Create eligibility**. On the **Business information** page, enter details about your business, like business name, business address, phone number(s), Federal tax ID, and employer type.

Select how you want to get official messages from the SHOP Marketplace, and your preferred language from the preferred method of contact and preferred spoken language drop-down menus.

If you were previously enrolled in the SHOP Marketplace and had a lapse in coverage, the business information you entered before will display.



Here's how you complete each field on the **Business information** page:

<b>Legal business name</b>	Enter the exact name of your business as listed on your tax documents.
<b>Doing business as name (optional)</b>	If your business runs under a different name, list the name here.
<b>Federal Employer Identification Number (EIN)</b>	Enter the 9-digit number that your business is registered under. HealthCare.gov will make sure the EIN is unique within your chosen state.
<b>Business type</b>	Select the best description of your business: <ul style="list-style-type: none"> <li>• Church/Church affiliate</li> <li>• State/Local Government</li> <li>• Foreign Government</li> <li>• Non-profit organization</li> <li>• Tribal government</li> <li>• Private sector</li> </ul> Corporation type (if private sector): <ul style="list-style-type: none"> <li>• C Corporation</li> <li>• S Corporation</li> <li>• Limited Liability Company (LLC)</li> <li>• 1040 Schedule C Business (self employed)</li> <li>• Tax Exempt organization (to include corporation, trust, or association)</li> </ul>
<b>Business billing address</b>	Enter the address where all paper correspondence, including invoices, will be sent.
<b>Business billing address phone number</b>	Enter the phone number to contact you about billing questions.
<b>Primary business address</b>	Enter the address of your primary business location. To be eligible for SHOP Marketplace coverage, the address must be in the state you're requesting coverage.
<b>Primary business phone number</b>	Enter the phone number of your business.

**Note:** The county will fill automatically once you enter a ZIP code. If a ZIP code overlaps counties, you must manually select the county where your primary business address is located. The SHOP Marketplace validates all addresses against United States Postal Service (USPS) data. If we can't confirm your address, you'll see an address validation page telling you to select the correct address.

ELIGIBILITY APPLICATION

1 Employer details

2 Eligibility

3 Employee details

4 Signature

Business information

Start here to create a SHOP account and verify your eligibility to purchase a plan.

To be eligible, your small business must have a primary business address in the state where you're buying coverage, and have at least one employee who isn't the owner or business partner or the spouse of the owner or business partner enrolling in coverage. You must have 50 or fewer full-time equivalent (FTE) employees, and offer SHOP coverage to all full-time employees.

All information is required unless otherwise noted. You may save your data at any point and return later to finish.

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

\*Business name

IL

\*Doing business as name

\*Federal Employer Identification Number (EIN)

29-3840239

Business type

Private Sector

Corporation

C Corporation

Business billing address

\*Street address 1

123 Main St

Street address 2

\*City

Cook

\*ZIP code

60010

\*County

COOK

\*State

IL

\*Phone number

(239) 084-0238

Ext.

Second phone number

Ext.

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 1

123 Main St

Street address 2

\*City

Cook

\*ZIP code

60010

\*County

COOK

\*State

IL

\*Phone number

(239) 084-0238

Ext.

Second phone number

Ext.

Fax number

SAVE & CONTINUE

HealthCare.gov Manage enrollment Manage employees My account Find an agent/broker Get assistance -

IL: Change state Español Log out Johncarson0323@yopmail.com

## Business information

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

**\*Business name**  **\*Name to display for SHOP**

**\*Preferred method of contact**  **\*Preferred spoken language**

BACK SAVE & CONTINUE

HealthCare.gov Manage enrollment Manage employees My account Find an agent/broker Get assistance -

VA: Change state Español Log out xukihysooi-8030@yopmail.com

## Verify your address

We can't confirm your address. Please review and select your correct address. [EDIT](#)

**Business billing address**

Address found

800 N Glebe Rd  
Arlington, ARLINGTON VA 22203

Address you entered

800 N Glebe Rd  
Arlington, ARLINGTON VA 22205

BACK SAVE & CONTINUE

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, 7500 Security Boulevard, Baltimore, MD 21244

- **Enter the primary contact for your business.** Enter the information for the person you want to have access to your account to make premium payments and update enrollment information for the business. The full name will automatically appear with the name used to create the account. You must enter the title, email address, mailing address, and phone number of your primary contact. You can select the preferred method of contact and a language preference. If you don't make a selection, the language preference will default to English.

**Note:** You have the option to add a secondary contact. The secondary contact won't have the same rights as the primary contact, but will be authorized to talk to the health insurance company on behalf of the account.

ELIGIBILITY APPLICATION

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

## Employer information – Primary contact

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

### Primary contact details

*First name	Middle name	*Last name	Suffix
john		carson	Suffix

\*Title (Examples: Owner, HR rep)

\*Email address

### Mailing address

Select if mailing address is the same as billing address.

*Street address 1	Street address 2
123 Main St	

*City	*ZIP code	*County	*State
Cook	60010	COOK	IL

### Contact preferences

*Phone number	Ext.	Phone type
(923) 840-9283		Cell

Second phone number	Ext.	Phone type
		Home

Fax number

Preferred spoken language	Preferred written language
English	English

Would you like to add a secondary contact?

Yes  No

BACK

SAVE & CONTINUE

- **Verify that you meet all SHOP eligibility requirements.** On the **Eligibility** page, you'll verify that your business meets the requirements below to be eligible to participate in the SHOP Marketplace. Select the box next to each statement.
  - This business has 1-50 full-time equivalent (FTE) employees and has a primary business address in the state where I'm applying for this SHOP Marketplace coverage.
  - All full-time employees of this business will be offered SHOP Marketplace coverage.
  - This business has at least one employee who isn't the owner or business partner, or the spouse of the owner or business partner.

Select **SAVE & CONTINUE**.

**Note:** If you don't select all boxes verifying that you meet the requirements above, you'll see a message that you're ineligible for SHOP Marketplace coverage. **You can still continue with the application, but you won't be considered eligible for SHOP Marketplace coverage.**

The screenshot shows the HealthCare.gov website interface. At the top, there's a navigation bar with 'HealthCare.gov' logo and links for 'Manage enrollment', 'Manage employees', 'My account', 'Find an agent/broker', and 'Get assistance'. Below this is a dark blue bar with 'IL: Change state', 'Español', and 'Log out johncarson0323@yopmail.com'. The main content area has a left sidebar with 'ELIGIBILITY APPLICATION' and a list of steps: 1 Employer details, 2 Eligibility, 3 Employee details, and 4 Signature. The 'Eligibility' step is active. The main content area has a blue header 'Verify eligibility' and a white box with the following text: 'To be eligible to participate in the SHOP, you must indicate that your business or organization meets all of these qualifications. [Learn more about how to count full-time equivalent employees.](#)' Below this are three checkboxes: 'This business has 50 or fewer full-time equivalent (FTE) employees and has a primary business address in the state where I'm applying for this SHOP coverage.', 'All full-time employees of this business will be offered SHOP coverage.', and 'This business has at least one employee who isn't the owner or business partner, or the spouse of the owner or business partner enrolling in coverage.' At the bottom right of the white box are two buttons: 'BACK' and 'SAVE & CONTINUE'. The 'SAVE & CONTINUE' button is highlighted with a red box.



- **Enter employee information.** On the **Employee details** page, you'll list all employees who will get a coverage offer, including you. To complete the employee roster, you'll need each employee's legal first and last name, date of birth, and Social Security Number. While not required, it's also important to include each employee's email address so they can be notified directly about your coverage offer. You'll also enter their address, employment status (like full or part-time), date of hire, and contact preferences. You can select one of these 3 options to list your employees:
  1. Select **ADD EMPLOYEE** to enter employee information one at a time on the employee roster screen.
  2. Select **BLANK ROSTER** to download a blank Excel roster template to enter each employee's information.
  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:** You can download the 1997-2003 Excel template on the employee roster page. You can only upload the 1997-2003 Microsoft Excel file. You'll get an error message if the file isn't in the right format.

You can also add dependent information, but this is optional. Your employees may enter this information when they review your coverage offer.

On the employee roster, each employee is assigned a "participation (or unique) code." The SHOP Marketplace will email this code to employees using the email address listed on the employee roster. If there's no email address listed, you'll have to provide the code to them. Your employees need this code to review and respond to your coverage offer, and complete their applications. If an employee doesn't get their participation (or unique) code, or needs it again, you can look it up in your Marketplace account. Your authorized agent or broker (if you have one) and the SHOP Call Center can also help you and your employee find their participation (or unique) code.

Once you've created or uploaded an employee roster, select **SAVE & CONTINUE**. You can review and edit the roster as employees are added.

To update information for a specific employee, you can sort the roster and perform a search. You can't upload a new roster if there's an employee already entered in the current roster.

After you send the coverage offer to your employees, only employees on the roster at this point will be included in your initial Open Enrollment Period. Any employees you add after this will get a Special Enrollment Period (SEP). We'll explain SEPs in more detail later in this guide.

HealthCare.gov Manage enrollment Manage employees My account Find an agent/broker Get assistance -

IL: Change state Español Log out johncarson0323@yopmail.com

**ELIGIBILITY APPLICATION**

- Employer details
- Eligibility
- Employee details**
- Signature

## Employee roster for

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. You can include yourself, but you can't be the only one listed on the roster.
- 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 must add new employees to the roster within 30 days of their hire date if you're adding them to the roster after coverage has started.

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 (.xls 180 KB)** **COMPLETED ROSTER**

No file selected.

Search roster for  Search by

1 - 2 of 2

### Employee roster

Employee ID	Employee name	Participation code	Status	Actions
	employee one	PCOkYRcdyJWH	Active	<a href="#">Edit</a> <a href="#">Remove</a>
	employee two	PC2eUnMnGqxy	Active	<a href="#">Edit</a> <a href="#">Remove</a>

- Review and sign your application.** On the **Signature** page, you'll need to certify that the information on your application is valid. Select the box showing that you agree to the terms of the application, enter your full name, and select **SAVE AND CONTINUE** (see the **Signature screen on the next page**).

HealthCare.gov Manage enrollment Manage employees My account Find an agent/broker Get assistance -

IL: Change state Español Log out Johncarson0323@yopmail.com

ELIGIBILITY APPLICATION

- Employer details
- Eligibility
- Employee details
- Signature

## Signature

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

### SHOP attestation

I'm signing this application under penalty of perjury, which means I've provided true answers to all of 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.
- I know that my information on this form will only be used to determine eligibility for health coverage and will be kept private as required by law. If my business or organization is eligible, it will be used to facilitate enrollment.
- I know that I must tell the SHOP and any programs I'm enrolled in if anything changes (and is different than) what I wrote on this application. I have consent from everyone I'll list on the application to include personally identifiable information, like dates of birth, Social Security Numbers, addresses, and phone numbers.
- I know that under 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](http://www.hhs.gov/ocr/office/file).

\*I have read and agreed with the statement above.

\*Enter your full name:  
John carson

Date: 09/23/2016

BACK SAVE & CONTINUE

- **Get an eligibility confirmation.** You'll get a confirmation letting you know if you're eligible to buy coverage through the SHOP Marketplace for your business.

Select **CONTINUE** to go to the **My eligibility** page and start your enrollment application. You can also view, withdraw, or update your application there.

If you're not eligible, you can select **File an appeal** or **Return to My Account** to withdraw your current application and start a new one.

HealthCare.gov Manage enrollment Manage employees My account Find an agent/broker Get assistance -

IL: Change state Español Log out Johncarson0323@yopmail.com

ELIGIBILITY APPLICATION

- Employer details
- Eligibility
- Employee details
- Signature

## Confirmation

**COMPLETE:** You're eligible to buy coverage through the SHOP Marketplace for your business. Next, you'll review coverage options and send the coverage offer to your employees.

Select CONTINUE to

- Choose your premium contribution amounts
- Select your coverage
- Make your coverage offer to employees
- Enroll your business

CONTINUE

## Submit a SHOP Marketplace appeal

To submit an appeal, select **Create appeal** in the **Actions** field to get the appeal request form. Print the appeal request form and mail it to the address on the form. You have 90 days from the date in your SHOP eligibility determination notice to request an appeal.

You'll be notified by mail of the outcome of the appeal request within 90 days of the date you submit your appeal request form. Learn more about SHOP Marketplace appeals at [Healthcare.gov/small-businesses/choose-and-enroll/appeal-a-shop-decision](https://www.healthcare.gov/small-businesses/choose-and-enroll/appeal-a-shop-decision).

Application ID	Status	Date Submitted	Actions
1000009408	Not eligible	2016-09-22	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Withdraw application</a> <a href="#">Submit appeal</a>

## Withdraw your application

If you want to terminate your application, select **Withdraw application** in the **Actions** field. Enter the reason for withdrawing your application from the drop-down menu and select **WITHDRAW APPLICATION**.

## Create your enrollment criteria

Select **Create enrollment** in the **Actions** field on the **My eligibility** page to start your enrollment criteria.

- **Set your enrollment period.** On the **Set enrollment period** page, you can set the:
  - **Enrollment period.** Your group's enrollment period is the timeframe your employees have to review your coverage offer, and accept or decline coverage. Remember, you should submit your application by the 15th of the month if you want your coverage to start on the first of the following month.
  - **Effective date of coverage.** The effective date of coverage is the day you want to start coverage for your employees. The last day employees have to enroll must be on or before the 15th of the month prior to the coverage start date.

- **New employee waiting period.** You can decide how much time must pass before coverage can become effective for a new employee hired after your SHOP Marketplace initial Open Enrollment Period or coverage renewal. You're not required to set a waiting period, but if you do, you can choose 0, 15, 30, 45, or 60 days.

**Learn how your coverage start date might affect your costs at [HealthCare.gov/help/does-the-coverage-start-date-affect-my-costs](https://www.healthcare.gov/help/does-the-coverage-start-date-affect-my-costs).**

Select **SAVE & CONTINUE**.

**HealthCare.gov** Manage enrollment Manage employees My account Find an agent/broker Get assistance -

AK: Change state 0 Cart Español Log out johncarson0406@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  
11/01/2016

\*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. New employees can select plans immediately, but won't be enrolled until after the waiting period is completed. A waiting period only applies to employees added to the roster after coverage has started.

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

**SAVE & CONTINUE**



- **Select how you'll offer coverage.** On the **Decide how you offer coverage** page, you'll choose whether you want to offer your employees one plan or a choice of plans (called "Employee Choice").

**Note:** You don't have to offer both health and dental coverage to your employees. You may choose to offer only health or only dental coverage. There's no minimum participation rate requirement to enroll in a dental plan. If you offer dependent coverage, dependents can enroll in a dental plan without also enrolling in a health plan, and vice versa. Similar to health plans, employees must enroll in a dental plan before their dependents may enroll in a dental plan.

You have 3 options to offer SHOP Marketplace coverage:

1. **Employee Choice by plan category.** You may select one plan category (like Bronze or Silver), and employees can choose any plan from any insurance company in that category.
2. **Employee Choice by insurance company.** You may select one insurance company with multiple plans. Your employees can then select a plan from that insurance company in any plan category. This option is available only in the states listed on page 36.
3. **Employer Choice.** You may select one health or dental plan from an insurance company in your area to offer your employees. You can make changes any time before you submit your application.

**HealthCare.gov** Manage enrollment Manage employees My account Find an agent/broker Get assistance -

VA: Change state 0 Cart Español Log out johncarson0406@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

## Decide how you offer coverage

You have 3 options to offer SHOP Marketplace coverage:

- **Employee Choice by plan category** – You'll select one plan category (like Silver or Gold) with multiple plans from different insurance companies. Your employees can then select the plan that best meets their needs from the plan category you choose.
- **Employee Choice by insurance company** – You'll select one insurance company with multiple plans. Your employees can then select the plan that best meets their needs from the insurance company you choose.
- **Employer Choice** – You'll select one plan from an insurance company. Your employees must enroll in this plan in order to get SHOP coverage.

If you have any questions, call the SHOP Call Center at 1-800-706-7893, or select "Get assistance" to chat online. TTY users should call 711 to reach a call center representative.

Employee Choice by plan category
  Employee Choice by insurance company
  Employer Choice

BACK SAVE & CONTINUE

- **Set your premium contribution.** On the **Set employer premium contribution** page, decide how much you want to contribute toward employee premiums. If you offer dependent coverage, you'll also decide how much you want to contribute towards dependent premiums.

**Note:** To qualify for the Small Business Health Care Tax Credit, you must contribute at least 50% of the total employee premium. Visit the SHOP Tax Credit Estimator at [HealthCare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits](https://www.healthcare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits) to see if you qualify for the tax credit and how much it may be worth to you.

- 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 medical and dental coverage, if applicable. Then, you can enter your percentage contribution in the contribution 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 premiums 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 you choose is used to determine the percentage amount you'll contribute toward your employees' premium – assuming everyone selects the reference plan when enrolling in coverage. The reference plan premium amount will still vary from employee to employee based on their age, but you contribute a fixed amount based on the premium amount of the reference plan – regardless of the plan chosen by your employees.

**For example:** The reference plan premium is \$100 for Bob, and your contribution is 50%. You'll pay \$50 toward Bob's premium, even if he chooses a different plan. The reference plan premium amount will vary from employee to employee based on their age, but you'll know up front what your cost will be for each employee and dependent regardless of the plan each employee chooses.

If you want to contribute to your employee's plan using this option, select the **Reference plan** button for health and dental coverage, if applicable. Then, you can enter your percentage contribution in the box for employees and dependents.

Select the box next to dependents if you want to contribute to dependent premiums. If you decide to offer dependent coverage without contributing toward the premium, add a "0" in the dependents percentage contribution box.

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.

**Note:** You may revise the percentage contribution any time prior to submitting the enrollment application.

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

- **Select a health plan.** You'll review and select health coverage on the **Select a plan for health coverage** page. If you're offering a single health plan, you can look through the available plans in your area, compare costs and benefits, and choose one that's right for you and your employees. If you're offering a choice of plans, you can review and compare available insurance companies and plans, and then your employees can make a selection from these available plans.
  - **Review plan details:** To review more detailed information about a plan, like copayments, laboratory and outpatient services, medical devices, emergency care, prescription drugs, and inpatient stays, select **Details**.
  - **Compare plans side-by-side:** To compare side-by-side, select the **Select to compare** checkbox for each plan you want to compare. You can compare up to 3 plans at a time. After choosing each plan you want to compare, select **Compare plans**.
  - **View Premium Breakdown:** To view a breakdown of your employee and dependent premium costs by plan, select "View Premium Breakdown."
    - **Sort plans:** You can sort plans using the **Sort by** drop-down menu and selecting any of the cost or deductible options listed.
    - **Filter plans:** You can also filter your plan results under **Narrow your results**.

The screenshot displays the 'Compare plans' interface on HealthCare.gov. At the top, there are navigation links for 'Manage enrollment', 'Manage employees', 'My account', 'Find an agent/broker', and 'Get assistance'. A user is logged in as 'JohnCarson0323@yopmail.com'. The main content area is titled 'Compare plans' and includes buttons for 'BACK TO PLAN LIST', 'ADD PLAN', 'DOWNLOAD IN EXCEL', and 'PRINT'. Two plan cards are shown side-by-side:

Plan Name	Employer monthly cost	Employee monthly cost	Total estimated cost
Not Applicable Silver	\$70.03	\$70.02	\$140.05
Group Silver 1	\$73.13	\$73.13	\$146.26

Below the plan cards, there is a section for 'Access to doctors and hospitals' with a table for 'National Provider Network' and 'Provider Directory'.

Category	Not Applicable Silver	Group Silver 1
National Provider Network	NO	NO
Provider Directory	<a href="#">Refer to provider network</a>	<a href="#">Refer to provider network</a>

The screenshot shows the HealthCare.gov enrollment process. The user is at the 'Select a plan for health coverage' step. The plan selected is 'Group Silver 1' under the 'Silver' category. The cost details are as follows:

Cost details			
Total estimated cost	Yearly deductible	Estimated employer contribution	Estimated employee contribution
\$146.26	\$6,840.00 per person \$4,000.00 per family	\$73.13 per month	\$73.13 per month

- **Select a dental plan.** If you're offering dental coverage, compare dental plans and choose one that's right for you and your employees. You'll follow the same process described above to review, compare, and select a dental plan.

You have 3 options when offering dental coverage through the SHOP Marketplace:

1. **Employee Choice option by plan category.** You may select one plan category (Low or High) and employees are free to choose any plan from any insurance company in that plan category. If you offer your employees a choice of dental plans, you can select a reference plan for dental coverage or contribute based on a fixed percentage.
  2. **Employee Choice by insurance company.** You may select one insurance company with multiple dental plans. Your employees can then select a dental plan from that insurance company in any plan category (Low or High). If you offer your employees a choice of dental plans, you can select a reference plan for dental coverage or contribute based on a fixed percentage. This option is only available in select states.
  3. **Employer Choice.** You may select one dental plan to offer your employees from a list of insurance companies in your area. You can make changes any time before you submit your application. If you offer one dental plan, you can contribute based on a fixed percentage.
- **Review coverage selection.** Before you submit your coverage offer to employees, it's important that you review your application.

- On the **Summary & submit** page, review the details of your coverage. If you need to make any changes, select **Edit**.
- When you're done reviewing your coverage offer, select **Submit**.  
Select the **My account** tab. Then select **My enrollment** to view your enrollment details, like your employee participation rate, coverage start date, and enrollment period date.

**ENROLLMENT CREATION**

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

### Summary & submit

Below is a summary of estimated premium costs and your plan selections. Select "Edit" to make any changes. To change plans, go to "Select plans" on the left. Select "Submit" when you're ready to offer coverage.

**Enrollment period** [EDIT](#)

Start date	End date
09/23/2016	09/30/2016
Coverage start date	End coverage on
01/01/2017	12/31/2017

**Employer coverage offered** [EDIT](#)

Depending on your coverage choice, employees can:

- Accept the plan from the insurance company you select
- Choose any plan from the plan category you select
- Choose any plan from the insurance company you select

<b>Health coverage</b>	<b>Dental coverage</b>
• VA Health 10	• VA Health 3
<b>Plan category</b>	<b>Plan category</b>
• Silver	• LOW coverage category

**Employer's contribution** [EDIT](#)

<b>Health coverage</b>		<b>Dental coverage</b>	
Employee coverage	Dependent coverage	Employee coverage	Dependent coverage
50.0%	50.0%	50.0%	50.0%

**Coverage selected for employees**

**Important:** It's your responsibility to ensure that all your employees get information about how to enroll in a health plan through SHOP.

**Health coverage**

Insurance Carrier	Total estimated cost	Yearly deductible	Employer health plan premium contribution	Estimated employee contribution	Actions
Group Silver 1 INDEMNITY Silver	\$146.26	\$6,840.00 per person \$4,000.00 per family	\$73.13	\$73.13	<a href="#">View premium break down</a>

**Dental coverage**

Insurance Carrier	Total estimated cost	Yearly deductible	Employer dental plan premium contribution	Estimated employee contribution	Actions
Group Dntl Existing PPO-Low On Exchange INDEMNITY LOW coverage category	\$152.48	\$20.00 per person \$200.00 per family	\$76.24	\$76.24	<a href="#">View premium break down</a>

[SUBMIT](#)

After you submit your application, you'll get a confirmation that your application was submitted, and your employees are ready to review your coverage offer and select a plan.

- **Tell your employees about your coverage offer.** Once you submit your coverage offer, the SHOP Marketplace will send an email to all employees with an email address on the employee roster you provided with your application. The email includes their participation (or unique) code, and a link to the SHOP Marketplace website where they can fill out the employee application and accept or decline your coverage offer.



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

**Note:** The employees' name, Social Security Number, and participation code must match exactly what you've entered or they won't be able to access the SHOP Marketplace application.

## Track employee participation & submit application

- **View employee enrollment status.** Select **My enrollment** to see the list of employees who've accepted or declined your coverage offer. Your employees have to respond by the last day of the enrollment period you set for your employees.

**HealthCare.gov** Manage enrollment Manage employees My account Find an agent/broker Get assistance -

VA: Change state Español Log out johncarson0323@yopmail.com

**Employee enrollment & applications**

[BACK TO MY ENROLLMENT](#)

**Important:** Have employees add your address to their email contact list so your offer isn't labeled as spam or junk mail.

The SHOP Marketplace will send an email about your coverage offer to each employee whose email address you provided with your application. The email includes your participation code and a link to the SHOP website where they can fill out the employee application.

It's your responsibility to ensure that all your employees get information about how to enroll in a health plan through SHOP.

[VIEW MEMBER & PREMIUM DETAILS](#) [PRINT](#)

<b>Coverage start date</b> 01-01-2017, Enrollment period in progress	<b>Last day employees have to enroll</b> 09-30-2016
<b>SHOP Application # 1000008122</b> Status Pending submission	<b>Your current participation rate</b> 100.0%

[VIEW ENROLLMENT DETAILS](#)

**Important:** When you're ready to submit, be sure that:

- All employees have responded to your offer, even if they're not enrolling in your SHOP coverage now.
- Your enrollment meets the minimum participation rate for your state.
- You have at least one common law employee enrolling in your SHOP coverage.
- You'll submit your completed application by the 15th of the month before your SHOP coverage will start.

[WITHDRAW](#) [REVIEW APPLICATION](#)

**Enrollment status**

Employee ID	Employee name	Plan	Dependent coverage	Status	Actions
EMPL1-100	EMPL ONE	Health / Group Silver 1	Yes	Completed	<a href="#">View employee enrollment details</a>
		Dental / Group Dntl Existing PPO-Low On Exchange	Yes	Completed	



- **Submit your application.** On the last day of your enrollment period, you can submit your application. In **My enrollment**, you'll submit your enrollment application after your employees have responded to your coverage offer and you've met your **employee minimum participation requirement**.
  - **Review your application carefully.** Once your coverage starts, you won't be able to make changes to your coverage offer and contribution until your next enrollment period. Your plan year is a 12-month period starting with your effective date of coverage.
  - **Select all of the boxes that apply to your business.** Certain Medicare and COBRA provisions may apply to your coverage, depending on the size of your business. Select the box next to each of these statements that apply to you:
    - Your business had fewer than 20 employees throughout last year and this year.
    - Your business had 20 or more employees (both full-time and part-time) on each working day of 20 or more weeks this calendar year or last calendar year.
    - Your business had 20 or more full-time equivalent employees on 50% or more of the working days in the last calendar year.
    - Your business had an average of 51 or more employees (both full-time and part-time) on business days during the last calendar year.
    - Your business had 100 or more employees (both full-time and part-time) on 50% or more of the working days in the last calendar year.
  - **Review and Sign the SHOP Marketplace user agreement.** You must agree to these statements to submit your application:
    - This business is legal and the total number of employees is accurate.
    - This SHOP Marketplace coverage will be offered to all full-time employees and at least one employee works in the SHOP Marketplace service area.
    - 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 SHOP Marketplace coverage may be impacted if I provide false or untrue information.
  - **Submit your application.** Select **SUBMIT APPLICATION**.

## Review and sign user agreement

Read, attest if accurate, and sign to indicate your agreement.

### Attest before buying SHOP coverage

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

**Important:** Certain Medicare and COBRA provisions may apply to your employees' coverage, depending on the size of your business. (Check all that apply)

- Your business had fewer than 20 employees throughout last year and this year.
- Your business had 20 or more employees (both full time and part time) on each working day of 20 or more weeks this calendar year or last calendar year.
- Your business had 20 or more full-time equivalent employees on 50% or more of the working days in the last calendar year.
- Your business had an average of 51 or more employees (both full time and part time) on business days during the last calendar year.
- Your business had 100 or more employees (both full time and part time) on 50% or more of the working days in the last calendar year.

By signing this section, you are agreeing to the following statements:

- This business is legal and the total number of employees is accurate.
- This SHOP coverage will be offered to all full time employees and at least one employee works in the SHOP service area.
- 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 SHOP coverage may be impacted if I provide false or untrue information.

- \*I've read and agree to these statements.

\*Electronic signature

john carson

Date: 09/23/2016

**SUBMIT APPLICATION**

- o **Activate your coverage.** To activate your new coverage, you must pay the first month's premium by selecting **PAY NOW**.

- **Pay your first month's premium.** You must submit your first month's premium payment to the SHOP Marketplace by the 20th of the month, prior to the coverage effective date, for coverage to start on the first of the month. The fastest way to submit a payment is online. You can also mail in SHOP Marketplace premium payments to:

SHOP Marketplace  
 PO Box 2130  
 South Portland, ME 04116

Make checks payable to the SHOP Marketplace.

**HealthCare.gov** Manage enrollment Manage employees My account Find an agent/broker Get assistance -

VA: Change state Español Log out johncarson0323@yopmail.com

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

## Employee enrollment & applications

[BACK TO MY ENROLLMENT](#)

**Important:** Have employees add your address to their email contact list so your offer isn't labeled as spam or junk mail.

The SHOP Marketplace will send an email about your coverage offer to each employee whose email address you provided with your application. The email includes your participation code and a link to the SHOP website where they can fill out the employee application.

It's your responsibility to ensure that all your employees get information about how to enroll in a health plan through SHOP.

[PAY NOW](#)

[VIEW MEMBER & PREMIUM DETAILS](#) [PRINT](#)

**Coverage start date**  
 01-01-2017, Enrollment period closed

**Last day employees have to enroll**  
 09-30-2016

**SHOP Application # 1000008122**  
 Status Submitted for enrollment

**Your current participation rate**  
 100.0%

[VIEW ENROLLMENT DETAILS](#)

**Enrollment status**

Employee ID	Employee name	Plan	Dependent coverage	Status	Actions
EMPL1-100	EMPL ONE	Health / Group Silver 1	Yes	Submitted for enrollment	<a href="#">View employee enrollment details</a>
		Dental / Group Dntl Existing PPO-Low On Exchange	Yes	Submitted for enrollment	

## Minimum Participation Rate

The minimum participation requirement doesn't apply from November 15 - December 15 each year. Outside of this timeframe, 70% of your eligible employees must enroll in the plan(s) you offer through the SHOP Marketplace. This percentage is different in some states.

If you don't have enough employees to enroll, the SHOP Marketplace won't allow you to submit your application. To learn more about the minimum participation rate and your options if you don't have enough employees to enroll, visit [Marketplace.cms.gov/outreach-and-education/employee-minimum-participation-shop.pdf](https://marketplace.cms.gov/outreach-and-education/employee-minimum-participation-shop.pdf).

## Cancel or terminate coverage

If you decide not to offer coverage, or an employee wants to cancel their enrollment, you have until 11:59pm ET to cancel before the coverage effective date. The SHOP Marketplace will give a refund for any payments collected.

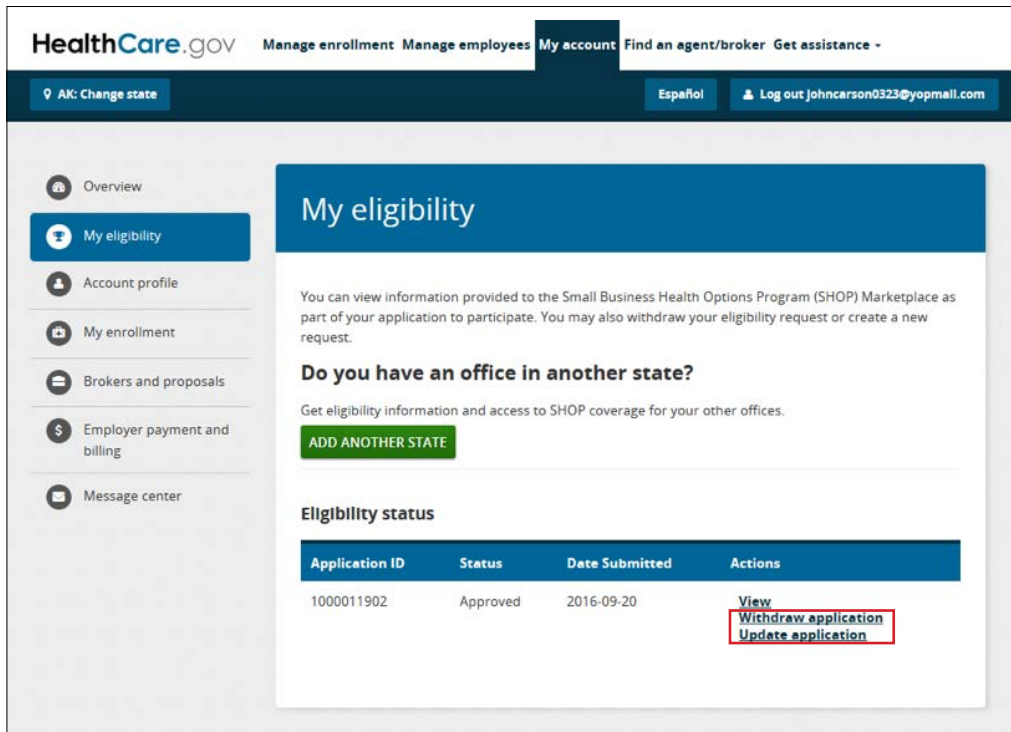
**Important:** Your employees should work with you to cancel enrollment.

If you want to terminate enrollment after the coverage effective date, your coverage will be terminated on the last day of the month in which you terminated coverage. In this case, you won't get a refund from the SHOP Marketplace, unless you've already paid for SHOP Marketplace coverage for future months. For example, if your group enrolls with a January 1 coverage effective date and you change your mind on or after January 1, the earliest you can terminate coverage is January 31.

To cancel or terminate coverage for an entire group:

- Select the **My account** tab and then select **My eligibility**.
- On the **My eligibility** page, select **Withdraw application** under the **Actions** field.
- Enter the reason for withdrawing your application from the drop down menu and select **WITHDRAW APPLICATION**.

You can also contact the SHOP Call Center at 1-800-706-7893, Monday–Friday, 9 a.m. - 7 p.m. ET. TTY users can call 711 to reach a call center representative.



You can cancel or terminate coverage for a specific employee from the **My enrollment** page or employee roster.

To disenroll an employee:

- Select the **My account** tab and then select **My enrollment**.
- Select **View enrollment** and then select **View employee enrollment details**.
- On the **Enrollment details for [employee]** page, select **Disenroll** under the **Actions** field.

HealthCare.gov Manage enrollment Manage employees My account Find an agent/broker Get assistance -

IL: Change state Español Log out Employer1UAT@yopmail.com

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

## Enrollment details for Testfirstnameone Testlastnameone

BACK TO EMPLOYEE ENROLLMENT & APPLICATIONS

Current enrollment for Testfirstnameone Testlastnameone (Employee ID: 2222)

Group ID	Name/ID	Relationship to employee	Plan name / type	Enrollment Status	Effective period	Actions
	Testfirstnameone Testlastnameone /	Self	Blue Choice Preferred Silver PPOSM 004/ MEDICAL	Submitted	06/01/2016 - 05/31/2017	<b>Disenroll</b>

To terminate an employee from the roster:

- Select the **Manage employees** tab, and then select **View details**.
- On the **Employee roster for 2016** page, select **Terminate** under the **Actions** column.

HealthCare.gov Manage enrollment Manage employees My account Find an agent/broker Get assistance -

IL: Change state Español Log out Employer1UAT@yopmail.com

Employee details

## Employee roster for 2016

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. You can include yourself, but you can't be the only one listed on the roster.
- 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 must add new employees to the roster within 30 days of their hire date if you're adding them to the roster after coverage has started.

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 (.xls 180 KB)** ⓘ **COMPLETED ROSTER** ⓘ

Browse... No file selected.

Search roster for:  Search by: Employee ID  SEARCH

1 - 1 of 1

### Employee roster

Employee ID	Employee name	Participation code	Status	Actions
2222	Testfirstnameone ...	PCOBqhB4F9TD	Active	<b>Change in circumstances</b> <b>Terminate</b>



## States Offering a Choice of Plans by Insurance Company

If your business is in one of these states, you may select one insurance company with multiple plans and employees can choose a plan from that insurance company in any plan category:

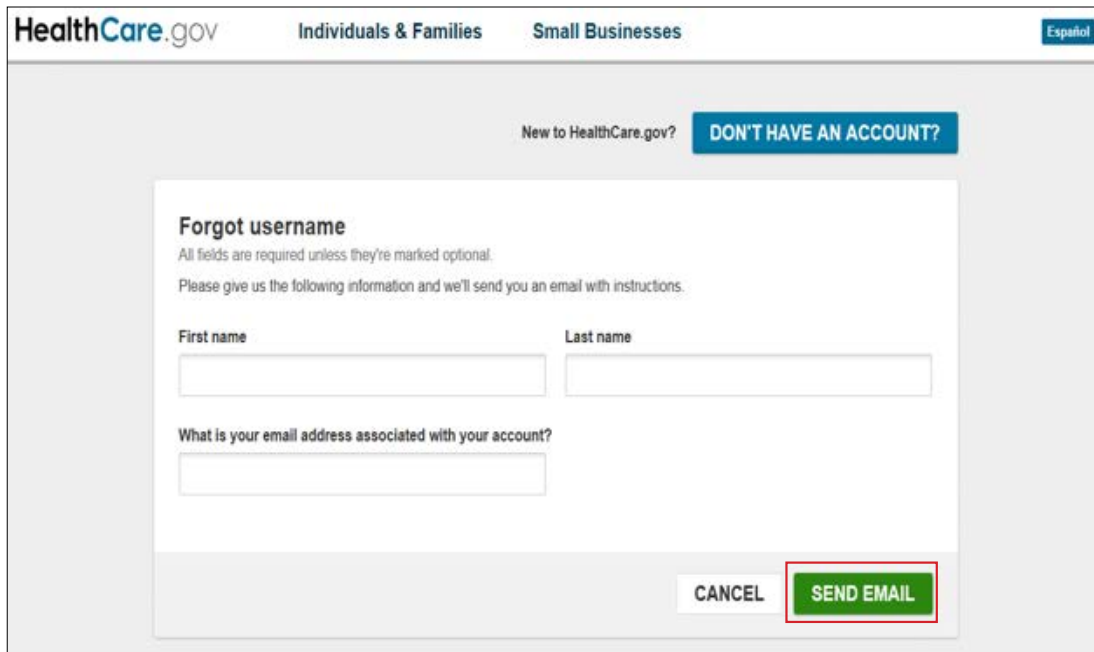
<b>Alaska</b>	<b>Missouri</b>
<b>Delaware</b>	<b>Montana</b>
<b>Florida</b>	<b>Nevada</b>
<b>Georgia</b>	<b>New Hampshire</b>
<b>Illinois</b>	<b>North Dakota</b>
<b>Indiana</b>	<b>Ohio</b>
<b>Iowa</b>	<b>Oklahoma</b>
<b>Kansas</b>	<b>Texas</b>
<b>Kentucky</b>	<b>Virginia</b>
<b>Louisiana</b>	<b>Wisconsin</b>
<b>Maine</b>	<b>Wyoming</b>

## Special Enrollment Period

Qualified employees and their dependents (if you offer dependent coverage) may have a right to sign up for your coverage or make changes to their coverage choices outside of your initial Open Enrollment Period. Job-based plans must provide this Special Enrollment Period (SEP) of 30 days (and in some cases, 60 days) following certain life events that involve a change in dependent status or loss of other health coverage. If you don't offer dependent coverage, an SEP applies only to qualified employees.

# Forgot your HealthCare.gov username and/or password?

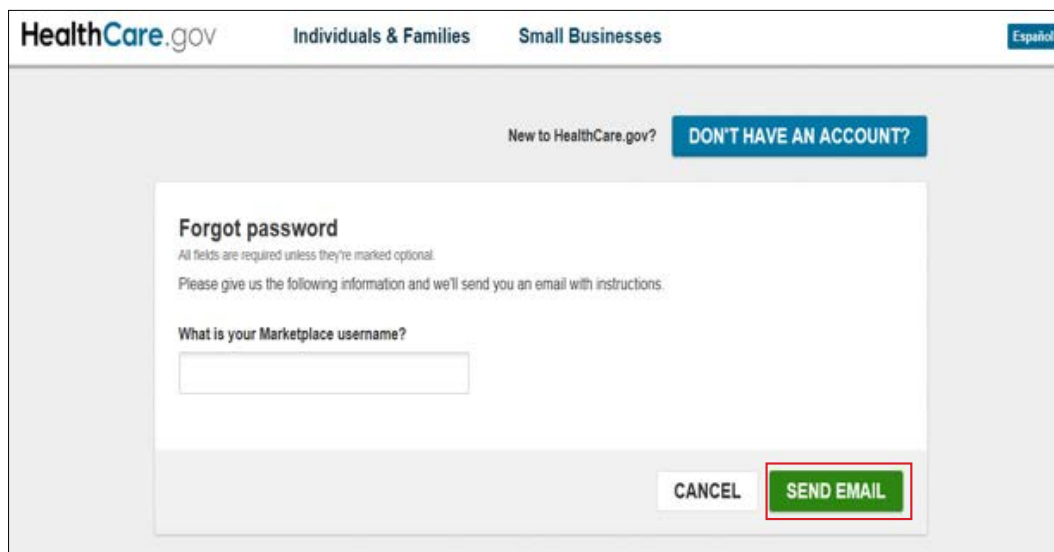
If you forgot your **username**, enter your name and email address, and select **SEND EMAIL**. An email with your username will be sent to the email address in your account.



The screenshot shows the HealthCare.gov website interface. At the top, there are navigation links for "Individuals & Families" and "Small Businesses", and a language selector for "Español". A blue button labeled "DON'T HAVE AN ACCOUNT?" is visible. The main content area is titled "Forgot username" and includes the following text: "All fields are required unless they're marked optional." and "Please give us the following information and we'll send you an email with instructions." Below this, there are two input fields for "First name" and "Last name", and a single input field for "What is your email address associated with your account?". At the bottom right of the form, there are two buttons: "CANCEL" and "SEND EMAIL", with the "SEND EMAIL" button highlighted by a red border.

If you forgot your **password**, enter your Marketplace username and select **SEND EMAIL**. An email with a temporary password will be sent to the email address in your account.

Your new password must be at least 8 characters, but no more than 20 characters long, and have a mixture of uppercase and lowercase letters, and at least one number.



The screenshot shows the HealthCare.gov website interface. At the top, there are navigation links for "Individuals & Families" and "Small Businesses", and a language selector for "Español". A blue button labeled "DON'T HAVE AN ACCOUNT?" is visible. The main content area is titled "Forgot password" and includes the following text: "All fields are required unless they're marked optional." and "Please give us the following information and we'll send you an email with instructions." Below this, there is a single input field for "What is your Marketplace username?". At the bottom right of the form, there are two buttons: "CANCEL" and "SEND EMAIL", with the "SEND EMAIL" button highlighted by a red border.

## Have questions or need help?

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

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html>, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

