# Employer Appeals Fact Sheet

**Why am I receiving this?**

MNsure recently sent you an "Employer Notice" informing you that one of the employees of this employer was determined eligible for discounts on health insurance purchased through the MNsure marketplace. These discounts are known as an advanced premium tax credit or cost-sharing reductions. In order to qualify for these discounts, the employee may have indicated in the MNsure application that s/he was not enrolled in health insurance offered by you, and one of the following:

- s/he was not offered health coverage by you; or
- the coverage did not provide minimum value; or
- the coverage was not affordable to you.

As a result, the employer may be liable for a tax penalty, depending on the size of the employer and some other factors.

**Does this mean the employer did something wrong?**

Not necessarily. There are many situations in which an employee receives discounts and the employer is not liable for any tax penalty. Most of those are listed on the next page. For example, the employer may not have 50 or more employees, or the employee in question may be part-time and not eligible for the employer's coverage. MNsure may not know this upfront, and this process may help clarify the situation.

**What is the implication of the appeal process?**

You have the right to appeal when MNsure determines that one of your employees is eligible for health insurance discounts from the MNsure marketplace. However, liability for the employer shared responsibility payment is ultimately determined by the Internal Revenue Service through a separate process. This appeal could, however, lead to changes in the employee's eligibility for discounts for MNsure health coverage.

# Appeal Evidence Form

You are not required to use this form, but it may help guide you on providing evidence.

**Your Name / Business Name:**

**Employee Name:**

**Docket Number:**

**Choose one or more boxes below to explain whether minimum essential coverage is offered to this employee, or whether you believe it is required to be.**

For more information, see the IRS publication "Questions and Answers on Employer Shared Responsibility Provisions under the Affordable Care Act," found at: https://www.irs.gov/affordable-care-act/employers/questions-and-answers-on-employer-shared-responsibility-provisions-under-the-affordable-care-act.

☐ **We have fewer than 50 full-time equivalent (FTE) employees, and are not required to offer health insurance.**
Please include some documentation of the number of employees you have.

☐ **This employee does not qualify for our coverage because s/he is part-time.**
Please include evidence of the employee's part-time status, the number of hours worked, and how many hours are required to qualify for coverage.

☐ **The employee does not qualify for our coverage because of another reason:**

Include the reason above, and attach information explaining which employees do and do not qualify for coverage.

☐ **The person listed as the employee is not our employee.**
This may apply if the person is an independent contractor, or if the person listed you by mistake. Either way, please explain what you know about the person's relationship to the employer, and attach related evidence if possible.

☐ **The employee was offered health coverage that meets the minimum value standard[1] and was affordable to the employee.**
Please provide specific information about the coverage you offer, including the actuarial value and premium cost. If you have evidence that the employee waived coverage, please include that. Please also include when the employee was offered coverage. You may find it useful to include MNsure's Appendix A, found at https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696D-ENG.

☐ **Another reason [please explain and attach any relevant documents]:**

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. *26 U.S.C. § 36B(c)(2)(C)(ii).*

**651-539-2099 / 855-366-7873**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့်. ဖဲနမ့်လိဉ်ဘဉ်တ်မၤစၢၤကလီလၢတ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါဆံၤန္ဉ်,ကိးဘဉ်လီတဲစီနီၢ်ဂ်ၤလၢထးဆံၤန္ဉ်တက့်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

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Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

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