



[REDACTED]

3/22/2017

[REDACTED]

Notice of Employee Eligibility For Premium Assistance

Dear [REDACTED],

We are writing to notify you that [REDACTED] has reported that they are or were an employee of your company and, based on the information they provided in the application process, determined to be eligible for premium assistance, including Advance Payment of Premium Tax Credit (APTC) and enrolled in a Qualified Health Plan through Vermont Health Connect (VHC) for at least one month during 2017.

If VHC determines that an employee is eligible for premium assistance, they either do not have coverage available through your company or the coverage is not considered affordable. Coverage is unaffordable under federal law if an individual plan costs the employee more than 9.69% of their household income.

If your business has 50 or more full-time employees, it may be liable for an employer shared responsibility payment under section 4980H of the Internal Revenue Code. Your business may not owe a payment if you qualify for a safe harbor. To learn more, visit www.irs.gov/Affordable-Care-Act/Employers/Minimum-Value-and-Affordability or consult a tax professional.

Important: This is only a notification that [REDACTED] may have to pay an employer shared responsibility payment. Only the IRS, not VHC, can determine whether this employer will owe an employer shared responsibility payment. If you have any questions or would like to learn more, visit www.IRS.gov/aca or contact the IRS at 800-829-4933 Monday – Friday, 7 a.m. – 7 p.m.

If you believe there's a mistake regarding the employee's eligibility for premium assistance, you may appeal this decision to the federal government within 90 days of receiving this letter. If you have any questions or would like to file an appeal, please visit www.healthcare.gov/marketplace-appeals/employer-appeals/.

Thank you,

Vermont Health Connect Customer Support

Contact ID: [REDACTED]

www.VermontHealthConnect.gov

1-855-499-9800

