

Small Business Health Options Program (SHOP)

Health coverage application for employees

Use this application to see if you're eligible to get SHOP health coverage from your employer. It should take about **10 minutes** to complete this application.

THINGS TO KNOW



Go online

Visit ms-marketplace.com. You'll be able to see details about SHOP coverage in the Health Insurance Marketplace.



Get help

Ask your employer who to call with questions.

- **Online:** ms-marketplace.com
- **Phone:** Call our Help Center at **1-855-9MS-SHOP (1-855-967-7467)**
- **En Español:** Llame a nuestro centro de ayuda gratis al **1-855-9MS-SHOP (1-855-967-7467)**



What happens next?

You'll return your completed, signed application to your employer. Your employer will send us your completed, signed application. We'll contact you with information about how to start a SHOP account, find out about costs and coverage, and enroll in a plan.



Alternatives

If your share of the cost of employee-only coverage is more than 9.5% of your household income, you may be able to get help paying for coverage through the Individual Health Insurance Marketplace. Visit healthcare.gov to learn more.

Your information is private.

- We'll keep your information private as required by law.
- Your answers on this form will only be used to see if you qualify for health coverage in the SHOP and to help you enroll.

Who is your employer?


Employer name & address

Employer phone number

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Get started with your application below. 

Not interested in SHOP health coverage?

If you don't want SHOP health coverage from your employer, skip to Step 3 on page 2. 

STEP 1

I'm interested in SHOP coverage from this employer.

Information about you, the employee.

1. First name, Middle name, Last name, & Suffix

2. Social Security Number/Tax ID Number

3. Date of birth (mm/dd/yyyy)

4. Sex

Male Female

5. Mailing address

6. Apartment or suite number

7. City

8. State

9. ZIP code

10. County

11. Email address

12. Phone number Cell Home Work

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13. If you're American Indian or Alaska Native, tell us the state and the name of your federally-recognized tribe.

STEP 2 Read & sign this application.

- 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 I'm eligible, it will be used to help me enroll.
- I know that I must tell the SHOP if anything changes and what I wrote on this application is no longer accurate. I can call my employer's agent, visit ms-marketplace.com, or call **1-855-9MS-SHOP (1-855-967-7467)** to report changes.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, gender, age, sexual orientation, gender identity, or disability. I can file a discrimination complaint by visiting www.hhs.gov/ocr/office/file.

Signature

Date (mm/dd/yyyy)

STEP 3 If you don't want SHOP coverage from this employer.

I don't want health or dental coverage from this employer. If this employer offers health or dental coverage for my dependents, I decline that offer of coverage, too.

Answer these questions:

Do you have another source of health coverage? Yes No

If **yes**, what type?

Individual private health insurance

Medicare

TRICARE

Insurance from another job

Medicaid

VA health care programs

Insurance through another person's job

Indian Health Service

Employee name

Signature

Date (mm/dd/yyyy)

STEP 4 Return your completed, signed application to your employer.

Your employer will send us your application, and you'll hear back from us with details about how to start a SHOP account and enroll in a plan.



Need help?

If you have questions about this application or need help completing it, contact your employer, your employer's agent, visit ms-marketplace.com, or call us at **1-855-9MS-SHOP (1-855-967-7467)**.

Para obtener una copia de este formulario en Español, llame **1-855-9MS-SHOP (1-855-967-7467)**.