

Small Business Health Options Program (SHOP)

Health coverage application for employers

The SHOP Health Insurance Marketplace offers a new way for small employers to offer health insurance to employees. The SHOP is open to all small business owners. It should take about 10 minutes to complete this application for eligibility.

THINGS TO KNOW



Who can use this application?

- Employers who cannot apply online.
- Employers not working with an agent.



Is my business eligible for the SHOP?

Your business or organization must:

- Have a primary business address within the state where you're buying coverage,
- Have at least one common-law employee,
- Have 50 or fewer full-time equivalent (FTE) employees,* and
- Offer coverage through the SHOP to all full-time employees



Apply faster online

- Visit ms-marketplace.com to apply for SHOP online.
- Your coverage start date will be the first of the month at least 3 full months from the date the application is mailed. If you need coverage sooner, apply online.



Get help

- **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)**
- **Contact an agent:** Visit ms-marketplace.com



What happens next?


You'll send this form and your employees' completed, signed applications to the address on page 3. You'll hear back from us within 3-4 weeks. We'll let you know if you're eligible to buy insurance for your small business and give you the information you need to complete the enrollment process.

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 your business or organization is eligible for the SHOP and, if eligible, to facilitate enrollment.

STEP 1 Tell us about the employer offering coverage.

Employers must have a location within Mississippi and must offer coverage to all full-time employees (those working an average of 30+ hours per week).

 **NOTE:** If you're using an agent to apply, you must apply online.

1. Company Legal Business Name		2. Federal Employer Identification Number (EIN)	
3. Employer type <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership			
4. Primary business address			
5. City	6. State	7. ZIP code	8. County
9. How many full-time equivalent employees?		10. <input type="checkbox"/> Yes, I'm offering health coverage to all full-time employees.	

STEP 2 Tell us who to contact about this application.

Primary contact

1. First name, Middle name, Last name, & Suffix			
2. Mailing address (if different from primary business address above)			
3. City	4. State	5. ZIP code	6. County
7. Phone number <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell () -			
8. Email address			
9. Notices and monthly invoices will be sent electronically. This person must visit ms-marketplace.com and create an online account to receive electronic notices and invoices.			
10. Preferred spoken or written language (if not English)			

STEP 3

OPTIONAL

List all employees who will be offered coverage even if they may not enroll.

You must include all full-time employees (30+ hours) unless they will be covered by SHOP in another state.

Employee first name, middle name, last name, & suffix	Date of birth (mm/dd/yyyy)	Social Security number/ Tax ID Number	Email address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Attach more sheets as necessary. All columns are required.

STEP 4 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 my business or organization is eligible, this information will be used to facilitate enrollment.
- I know that I must tell the SHOP if anything changes and what I wrote on this application is no longer accurate. I can 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 5 Mail the completed application & your employee applications.

Mail your completed application, **including all employee applications in a single envelope** to:

**One, Mississippi
1739 University Avenue, #186
Oxford, MS 38655**

You'll hear back from us within 3-4 weeks. We'll let you know if you're eligible to buy coverage for your small business, and provide you with the information you need to compare cost and coverage options, select a plan, and complete the enrollment process.

 **NOTE: If you're using an agent, you must apply online.**



Need help?

If you have questions about this application or need help completing it, contact an agent, or call **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)**.