

<< Date >>

<< Company Name >>  
<< Business Mailing Address >>  
<< City, State, Zip Code >>

Application ID:<< Application ID >>

## Subject – Affordable Health Coverage for Employees

Dear Employer:

This letter is to inform you that one of your employees, <<Individual Name>>, applied for health insurance coverage through Washington Healthfinder and was determined eligible for a health insurance premium tax credit.

This determination includes an assessment that your organization may not have offered minimum essential coverage to the employee or the coverage offered may not be affordable.

Starting in 2015, employers with 50 or more full-time employees may owe an additional tax if they don't offer affordable group health coverage and one of their employees is determined eligible for a health insurance premium tax credit.

For more information, please visit <http://www.irs.gov/pub/irs-drop/n-13-45.PDF>

## How to Contact Washington Healthfinder

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>;
- By email at <HBEEMAIL>
- By calling <HBEPHONE> and <HBETTY>;
- By Fax <HBEFAX>
- By mail at:

<HBEADDRESS1  
HBEADDRESS2  
HBECITY  
HBESTATE  
HBEZIP>