



## Employer-Sponsored Coverage Worksheet

This worksheet and the Affordability Tool help you check if you and your family have an offer of employer-sponsored health coverage that meets minimum value standard and is affordable. Use this worksheet to gather the information you need for the Affordability Tool on the Covered California website. Your employer can also fill out this worksheet for you.

**Print or download this worksheet. Use one worksheet for each employer that offers coverage. PLEASE DO NOT MAIL THE WORKSHEET TO COVERED CALIFORNIA. It is for your use only.**

For help with questions about employer-sponsored coverage or for help getting enrolled, contact an [agent](#) or [certified enroller](#). You can also use our [support page](#) or help [OnDemand](#).

### EMPLOYEE INFORMATION

Boxes 1–4: Enter information about the employee who has been offered health coverage through their job.

1. <b>Employee name (First, Middle, Last)</b>	2. <b>Employee Social Security number (SSN) (Last 4 only)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. <b>Estimated annual income \$</b> _____	
4. <b>List each person in the employee's tax household (including the employee) below. Tell us if they have an offer for health coverage from the employer in Box 5 below. To include more than four people, make a copy of this page.</b>	
<b>Household Member Name</b>	<b>Eligible for health coverage through this employer?</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the tax household more than <b>four</b> people?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print a copy of this page

### EMPLOYER INFORMATION

Enter your employer information in boxes 5-9. If you have more than one job, use a separate worksheet for each employer.

5. Employer name		
6. Employer address		
7. City	8. State	9. Zip code

### Tell us about the health coverage offered by this employer

10. Do the health plans offered by the employer meet the minimum value standard? The minimum value standard is met if the health plan pays at least 60% of the total cost of medical services and provides enough coverage for hospital and doctor services. <input type="checkbox"/> Yes (Go to question 11) <input type="checkbox"/> No
11. How much would the employee pay out of their paycheck for <b>self-only coverage</b> for the lowest-cost plan that meets the minimum value standard? <b>Do not include the family plan.</b> a. Employee would pay this premium: \$ _____ b. Employee would pay this amount: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
12. How much would the employee pay for <b>family coverage</b> (the lowest-cost family plan that covers the employee and their dependents) that meets the minimum value standard? Employee would pay this premium: \$ _____ c. Employee would pay this amount: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

For help in using this worksheet, visit [Contact Us | Covered California™](#). or call us at 1-800-300-1506. Para obtener una copia de este formulario en español, llame al 1-800-300-1506. If you need help in a language other than English, call

1-800-300-1506 (TTY: 1-888-889-4500) and tell us the language you need. We will get you help at no cost to you.

