

# Client Information Required

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## Notice to Employees of Exchange Options

The following information is required for us to begin work on your Notice to Employees of Coverage. Please answer the questions below and provide the information requested on the next page.

### Other Information Required

1. Does Employer offer a health plan to

- All Employees
- Some Employees:
  - If only offered to some employees what makes an employee eligible

2. Does Employer offer coverage to dependents?

- No
- Yes
  - If "Yes" What makes dependents eligible?

3. If the plan year will end soon and you know that the health plans offered will change, **then**:

What change will the employer make for the new plan year?

- I Don't know
- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest cost plan available only to the employee that meets the minimum value standard.
- How much will the employee have to pay in premiums for that plan?
  - How Often:
    - Weekly
    - Every 2 weeks
    - Twice a month
    - Monthly
    - Quarterly
    - Yearly

**Date of Change (mm/dd/yyyy):** \_\_\_\_\_

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## Notice to Employees of Exchange Options

### Health Insurance Information

- Information about health insurance (if provided by employer)
- Benefits Summary
- Cost of Employee-Only coverage
- Amount of Employee Owner Premium paid by each employee
- (this can be identified typically in the payroll deduction summary form your payroll provider)

### Employee Information

- List of Employees must include:
  - o Employee Name
  - o Employee Address
  - o W-2 wages for employee
  - o Frequency with which Employer pays employees (weekly, twice a month, monthly, etc.)

**THIS INFORMATION CAN BE REQUESTED FROM YOUR PAYROLL PROVIDER**

Signature \_\_\_\_\_

### Where To Send This Information

Please send the answered questions and the requested information via email or by fax to:

James R. Dawson, Inc.  
jim@agtaxman.com  
Fax: (620) 276-7612  
Phone: (620) 276-4028