

This Checklist is intended to document and ensure that departments/agencies are providing the legally required notices to employees for compliance with the ACA.

PART I documents the distribution of the Health Insurance Marketplace Coverage Options and Health Coverage Notice to newly hired employees.

PART II documents the distribution of the Summary of Benefits and Coverage Notice and the health benefit status for employees newly eligible for health benefits. Both Parts I and II must be completed.

Upon completion, this document must be retained in the employee's Official Personnel File.

Employee Information

Employee Name		Hire Date
<input type="text"/>		<input type="text"/>
Position Number	Social Security Number	Tenure/Time Base
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part I - New Employees

The Health Insurance Marketplace Coverage Options and Health Coverage Notice is required to be provided to every new employee in your department/agency within 14 days of their hire date.

Date Provided	Department Representative
<input type="text"/>	<input type="text"/>

Part II - Employees Newly Eligible for Health Benefits

The following health benefit documents should be provided to employees newly eligible for health benefits by the first day the employee is eligible to enroll in coverage (e.g., employee is hired on August 12, the following documents must be provided to employee no later than September 1, the earliest effective date of coverage).

1. Is employee newly eligible for health benefits? If Yes, go to question 2.
If No, no further action required.

2. Provide the following forms:

- Summary of Benefits and Coverage Notice
- Health Benefits Plan Enrollment Form (HBD-12)

Date Provided	Department Representative
<input type="text"/>	<input type="text"/>

Human Resources Office use Only

I certify that data stated herein is correct, complete, and in accordance with all laws and regulations.

Department/Agency Name	Contact Number
<input type="text"/>	<input type="text"/>

Reviewer's Printed Name

Reviewer's Signature

Date