



THE STATE OF FLORIDA  
**JUSTICE ADMINISTRATIVE COMMISSION**

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**MEMORANDUM #24-16HR**

**TO:** Agency Administrators

**FROM:** Carolyn Horwich, Esq., Director of Human Resources

**THROUGH:** Rip Colvin, Executive Director

**SUBJECT:** Health Insurance Marketplace Notice

**DATE:** July 1, 2016

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You may have started receiving notices like the one on page 2 of this memorandum. As per the Division of State Group Insurance (DSGI), the Health Insurance Marketplace notifies employers when their employees have enrolled through the Marketplace and qualify for a subsidy because the employee reported the employer made no offer of coverage. In most cases, if not all, the notice is correct because the employee was deemed ineligible for coverage through the state group insurance program.

In case an error was made, the notice provides the employer an opportunity to appeal. If you receive a notice, please send it to DSGI by U.S Mail:

Division of State Group Insurance  
P.O. Box 5450  
Tallahassee, FL 32314

As a best security practice, please do **not** scan and email, as the notice contains name, birthdate and last four digits of the Social Security Number.

**On your behalf, DSGI will research the employee's record and determine whether an appeal should be filed. If yes, DSGI will notify you of the final outcome for your records.**

Thank you.

June 21, 2016

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[Redacted]



RECEIVED  
16 JUN 30 AM 11:17

Dear Benefits Manager:

The person listed below submitted an application for health coverage through the Health Insurance Marketplace in Florida and indicated that he or she is an employee of [Redacted] at the address shown above.

This person reported that he or she:

- didn't have an offer of health care coverage from [Redacted];
- did have an offer of health care coverage, but it wasn't affordable or didn't provide minimum value; or
- was in a waiting period and unable to enroll in health care coverage.

The employee has been determined eligible for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) for at least one month during 2016 to help pay for Marketplace coverage and has enrolled in coverage through the Marketplace.

Employee Name	Birthday	Last 4 digits of Social Security Number (if available)	Marketplace Application ID
[Redacted]	[Redacted]	[Redacted]	[Redacted]

### Why am I getting this notice?

This notice informs you that your employee was found eligible for APTC or CSRs and that, if various conditions are met, you may have to pay an employer shared responsibility payment to the Internal Revenue Service (IRS) in the future. It also notifies you of your opportunity to appeal this eligibility determination.

Certain employers (those with at least 50 full-time employees or full-time equivalent employees, called



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If you have questions: Visit [go.cms.gov/CCIIOEmployers](http://go.cms.gov/CCIIOEmployers). Or call: 1-800-355-5856 (TTY:711). The call is free.