EPISCOPAL CHURCH MEDICAL TRUST

How to Complete the Model Notice

Part A General Information

Page 1, bottom of page: How can I get more information?
The answer to this question has been pre-populated by the Episcopal Church Medical Trust (Medical Trust) and directs individuals to call Client Services. If you prefer, you may change this to a diocesan, parish or institutional representative with a local phone number.

Part B Information about Health Coverage Offered by Your Employer

Box 3: Employer Name
Enter the business name associated with the Employer Identification Number (EIN) that you will enter in Box 4 below.

Box 4: EIN
Enter the EIN that the business name used to report the employee's income and remit employment taxes to the Internal Revenue Service.

Box 5: Employer address
Enter the business address associated with the EIN you entered in Box 4.

Box 6: Employer phone number
Enter the phone number associated with the EIN you entered in Box 4.

Boxes 7, 8, and 9: City, State, and ZIP code
Enter the City, State, and ZIP code associated with the EIN you entered in Box 4.

Box 10: Who can we contact about employee health coverage at this organization?
Enter the name of the individual designated as the employee health benefits representative on staff. If you do not have a health benefits representative on staff, enter the name of the diocesan or participating group health benefits administrator.

Box 11: Phone number
Enter the phone number of the individual you entered in Box 10.

Box 12: Email address
Enter the email address of the individual you entered in Box 10.

Basic Information about health coverage offered by this employer
The Medical Trust has pre-populated the employee and dependent eligibility information here. If you believe you need to delete or alter this information, please contact your diocesan or participating group health benefits administrator.

Determine whether you can check the box for Minimum Value Standard and Affordability
All Medical Trust plans meet or exceed minimum value. However, only the individual employer can make a determination regarding affordability. Check this box only if the required employee premium cost share for the lowest cost single plan does not exceed 9.5% of the employee's projected 2015 Form W-2 income.

Part B Information about Health Coverage Offered by Your Employer

Page 3, Box 13: Employee Eligibility
Check **"Yes"** if:

- The employee is enrolled in or eligible for coverage today (whether or not the employee opted out of coverage) or will be eligible for coverage in the next three months.

If the employee is not eligible for coverage today, but will be in the next three months, insert the date the employee will be eligible for coverage in Box 13a.

If you checked "Yes," you should go on to complete Boxes 14, 15, and, if applicable, Box 16.

Check **"No"** if:

- The employee is not eligible for coverage today and will not be eligible for coverage in the next three months.

If you checked "No," the Notice is now ready for you to give to the employee. You should provide copies of all completed Notices to the diocesan or participating group health benefits administrator within 14 calendar days from the date a new employee is hired. You should also keep a copy of all completed Notices for your own records.

Page 3, Box 14: Minimum Value Standard
All plans offered by the diocese or participating group through the Medical Trust are above the minimum value standard, so you should check "Yes."

Page 3: Box 15: Lowest Cost Plan
The lowest cost plan varies by diocese or participating group. This is the amount you should use to calculate the answer to Box 15a below.

Box 15a: Required Cost Share
Enter the dollar amount of the premium cost share you would require from the employee based on the plan and cost indicated above. For example, if you provide employees with single coverage at no cost, enter $0. If you require employees to pay 15% of the premium regardless of tier, enter the dollar amount that equals 15% of the premium indicated above. If you discount the employee's premium because you offer wellness programs, provide the premium that the employee would pay if he or she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

Box 15b: Premium Cost Share Payroll Deduction
The Medical Trust has placed a checkmark in the field for "Monthly" based on the lowest cost plan single monthly premium amount provided by your diocesan or participating group administrator.

Box 16a: Required Cost Share
Enter the Dollar Amount of the premium cost share you will require from the employee in 2016, based on the plan and cost information you receive from your diocesan or participating group administrator. For example, if you provide employees with single coverage at no cost, enter $0. If you require employees to pay 15% of the premium regardless of tier, enter a dollar amount that equals 15% of the premium.

Box 16b: Premium Cost Share Payroll Deduction
The Medical Trust has placed a checkmark in the field for "Monthly" based on the lowest cost plan single monthly premium amount your diocesan or participating group administrator will provide.