<u>SAMPLE</u> COVER LETTER FOR DOL MODEL EXCHANGE NOTICE*

[Date]

Name of Employer

Street Address

City, State, Zip Code

Re: Attached Notice: "New Health Insurance Marketplace Coverage Options and Your Health Coverage"

To All _____Employees:

It has been over three years since the Patient Protection Affordable Care Act, more commonly known as Health Care Reform was enacted. In order to comply with Health Care Reform we have had to make changes in certain benefits our plan provides as well as provide several new notices to you. Those of you, who are not covered under our plan, may not be aware of these changes, but they have been occurring.

As we head into 2014, Health Care Reform is imposing another notice requirement on employers. This notice (attached) goes to ALL employees, even those who are not eligible to participate in our group health plan.

Receipt of this notice does not indicate that you are eligible for or covered by any health plan. Eligibility to participate in our group health plan and applicable enrollment continues to be based on an employee meeting the eligibility and participation requirements as set out in the terms of the plan.

Therefore, if you currently are not able to participate in the plan because of not meeting the eligibility and participation requirements, receipt of this Notice does not change or affect those participation requirements.

Although the attached notice relates to coverage options available through a Health Insurance Marketplace (more commonly referred to as the "Exchange"), [Employer] has no information or expertise on those options. [Employer's] human resources representatives are not allowed to answer questions regarding those options. Therefore, you will need to consult with other resources regarding any questions you may have about Exchange coverage options, programs like Medicare, Medicaid and CHIP, or any coverage other than our group health plan.

You should maintain the attached notice with your health coverage information. It should be kept regardless of whether you have coverage through [Employer], coverage under another group health plan (e.g., one offered by a spouse's employer), or individual coverage.

Sincerely,

[Employer]

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** This **<u>sample</u>** document is provided for informational purposes only and is not intended as legal or tax advice. It must be revised, in consultation with legal counsel, to adapt it for use by a particular employer with respect to its plan(s).*