Small Business Health Options Program (SHOP)

Health coverage application for employers

SHOP is open to all eligible small business owners. It should take about **15 minutes** to complete this application for eligibility.

THINGS TO KNOW

Is my business eligible for SHOP?

To be eligible, your business or organization must:

- Have a primary business address within the state where you are buying coverage
- Have at least one common-law employee
- Have 50 or fewer full-time equivalent (FTE) employees
- Offer coverage through SHOP to all full-time employees

Get Help

- Contact an agent or broker, or find an agent or broker near you at YourHealthIdaho.org/Find-Help.
- Phone: Call Your Health Idaho at 1-855-944-3246.
- En Español: Llame a nuestro centro de ayuda gratis al 1-855-944-3246.

What Happens Next?

This form should be sent to the address on page 4. You can begin working with the insurance carrier of your choice at any time. Carriers can provide information you need to compare cost and coverage options, to select a plan, and to complete the enrollment process. Carriers will provide Your Health Idaho with the final participation rate for your company, which must meet or exceed 70%.

You may also contact an insurance agent or broker, or an insurance company offering SHOP plans, to begin the application and enrollment process.

Your information is private.

- We'll keep your information private as required by law.
- Your answers on this form will only be used to see if your business or organization is eligible for the SHOP.

NEED HELP WITH YOUR APPLICATION? Contact a broker with questions or visit www.yourhealthidaho.org..
Or, call **1-855-YH-IDAHO (1-855-944-3246).** The call is free.

Your Health IDAHO

SHOP Eligibility Form

STEP 1 Tell us about the employer offering coverage.

Employers must be located within the same state they're buying health coverage and must offer coverage to all full-time employees (those working on average 30+ hours per week).

1. Employer name*	2. Federal Employer Identification Number (EIN)*

3. Doing business as (if applicable)

4. Employer type ☐ Private Sector (profit & non-profit) ☐ Church/Church Affiliated ☐ State/local government ☐ Foreign government
☐ Tribal government and tribally-owned or sponsored organizations and businesses

5. Primary business address*

6. City*	7. State*	8. ZIP code*

9. To be eligible to participate in the Small Business Health Options Program (SHOP), your business must:
- Have a primary business address within the state where you're purchasing coverage;
- Have at least one common-law employee;
- Have 50 or fewer Full Time Equivalent (FTE) employees; and
- Offer coverage through the SHOP to all full-time employees.

☐ **I agree that all of the above apply to me and to my company.***

STEP 2 Tell us who to contact about this application.

Primary contact

1. First name*	Middle name	Last name*	Suffix

2. Title*

3. Mailing address* (if different from primary business address above)

4. City*	5. State*	6. ZIP code*

7. Phone number* ☐ Work ☐ Home ☐ Cell	8. Second phone number* ☐ Work ☐ Home ☐ Cell

9. Fax number	10. Email address*	Re-enter email address*

11. Notices and monthly invoices may be sent electronically.
☐ Check here if this person also wants to get paper notices by mail.

12. Preferred language (if not English)

NEED HELP WITH YOUR APPLICATION? Contact a broker with questions or visit www.yourhealthidaho.org..
Or, call **1-855-YH-IDAHO (1-855-944-3246).** The call is free.

SHOP Eligibility Form

STEP 3 For Agents and Brokers Only.

Complete this section if you're an agent or broker filling out this application for an Employer.

1. First name	Middle name	Last name	Suffix
2. Organization name (if applicable)		3. Idaho State License Number	
4. Phone number ☐ Work ☐ Home ☐ Cell		5. Second phone number ☐ Work ☐ Home ☐ Cell	
6. Fax number	7. Email address	Re-enter email address	

This area is intentionally blank.

NEED HELP WITH YOUR APPLICATION? Contact an agent or broker with questions or visit www.yourhealthidaho.org.
Or, call **1-855-YH-IDAHO (1-855-944-3246).** The call is free.

SHOP Eligibility Form

STEP 4 Read and Sign this application.

- I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that my information on this form will only be used to determine eligibility for health coverage and will be kept private as required by law. If my business or organization is eligible, this information will be used to facilitate enrollment.
- I know that I must tell the SHOP if anything changes (and is different than) what I wrote on this application. I
- can visit www.yourhealthidaho.org or call **1-855-YH-IDAHO** (**1-855-944-3246**) to report changes.
- I have consent from everyone I'll list on the application to include their personally identifiable information, like dates of birth, Social Security numbers, addresses, and phone numbers.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin,
- sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.yourhealthidaho.org

Name of person signing*

Signature*	Date (mm/dd/yyyy)*

STEP 5 Mail the completed application.

Mail your completed application to:

Your Health Idaho
PO Box 50143
Boise, ID 83705

Notice of Privacy Practices

Your Health Idaho is committed to maintaining the privacy and security of personally identifiable information. Your Health Idaho will use personally identifiable information only as permitted by Your Health Idaho's policies or required by law. Further information regarding Your Health Idaho's privacy and security practices and your rights regarding personally identifiable information is available on Your Health Idaho's Web site at http://www.yourhealthidaho.org/privacy-policy/.

NEED HELP WITH YOUR APPLICATION? Contact an agent or broker with questions or visit www.yourhealthidaho.org.
Or, call **1-855-YH-IDAHO (1-855-944-3246).** The call is free.