Shop Eligibility Form

Step 1 | Tell us about the employer offering coverage.

Employers must be located within the same state they are 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 Empoyer 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*

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 are purchasing coverage.
- Have at least one common-law employee.
- Have 50 or fewer Full Time Equivalent (FTE) employees.
- Offer coverage through the SHOP to all full-time employees.

☐ **I agree that all 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 above)

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

7. Phone Number ☐ Work ☐ Home ☐ Cell	8. Additional 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 are 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. Agent National Producer Number (NPN)	
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.

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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 allof 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, andphone 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 requiredby 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/.

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