



Washington Health Benefit Exchange
PO Box 657
Olympia WA 98507



12/02/2014
Application ID:

Subject – Affordable Health Coverage for Employees

Dear Employer:

This letter is to inform you that one of your employees, _____, applied for health insurance coverage through Washington Healthplanfinder and was determined eligible for a health insurance premium tax credit.

This determination includes an assessment that your organization may not have offered minimum essential coverage to the employee or the coverage offered may not be affordable.

Starting in 2015, employers with 50 or more full-time employees may owe an additional tax if they don't offer affordable group health coverage and one of their employees is determined eligible for a health insurance premium tax credit.

For more information, please visit <http://www.irs.gov/pub/irs-drop/n-13-45.PDF>

How to Contact Washington Healthplanfinder

Contact us if you have any questions. Let us know if you want a free interpreter or free translations of this letter or other documents we send you. Please contact us if you need help to apply for or access your health care coverage due to a disability. You can contact us in any of the following ways:

- Online at <http://www.wahealthplanfinder.org>
- By email at CustomerSupport@wahbexchange.org
- By calling 1-855-WAFINDER (855-923-4633) and 855-627-9604;
- By Fax 360-841-7620;
- By mail at:
PO Box 946
Olympia WA 98507