

Affidavit of Employee’s Permissible Employer Reimbursement through Wage Adjustment, HRA or QSEHRA

1. Will an employer of one hundred (100) or fewer eligible employees be paying for or reimbursing you through wage adjustment or a health reimbursement arrangement for any portion of the premium on the policy being applied for? Yes No **If you answered “yes”, please continue. If you answered “no”, you may stop.**

2. If the employer will be reimbursing an employee through a health reimbursement arrangement, does it qualify as a “qualified small employer health reimbursement arrangement” or QSEHRA*? Yes No

3. Did the employer have a small group health benefit plan providing coverage to any employee in the twelve (12) months prior to the date of this application? Yes No

If the answer to both questions 1 and 3 is “yes” and the answer to question 2 is “no”, you may not be issued an individual policy with the premiums, or portion thereof, paid or reimbursed by the employer.

You will need to submit a signed affidavit from the employer, IF:

The answer to questions 1 and 2 is “yes” and the answer to question 3 is “no”, or
 The answer to question 1 is “yes” and the answer to questions 2 and 3 is “no”.

The affidavit form to be executed by the employer is below. The submission of this affidavit does not guarantee that the individual policy you are applying for will be issued by the carrier.

Employers Name	
Employer’s Address	
The undersigned officer or principal of the employer identified above certifies that:	
<ol style="list-style-type: none"> 1. The employer is a small employer as defined in § 10-16-102(61), C.R.S., with one hundred (100) or fewer eligible employees; 2. The employer has either not had in place a small group health benefit plan for the twelve (12) months prior to the execution of this affidavit or that it is using a qualified small employer health reimbursement arrangement (QSEHRA) to reimburse its employees’ individual health insurance premiums. 	
Signature	Date
Printed Name	Date
Position	Date

* Employers are required by federal law to provide employees written notice regarding QSEHRAs.

Individual Coverage Health Reimbursement Arrangement (ICHRA)

Will your employer be paying for or reimbursing you through an Individual Coverage Health Reimbursement Arrangement for any portion of the premium on this policy?	YES	NO
<p>If yes, provide the Name of Employer , Employer Contact and Contact Information</p> <p>Employer: _____</p> <p>Employer Contact Name _____</p> <p>Contact Information Phone: _____ E Mail Address _____</p>		