

SHOP Eligibility Determination Form

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All fields marked with an asterisk (*) are required.

Business Name: *

Business Email:

Don't use a personal email address unless it's the one you also use for your business.

Business Phone Number: *

Business Address: *

Address

City

State

ZIP Code

Country

SAVED

Employer Identification Number (EIN): *

Must be a nine-digit number.

Date current SHOP plan year began, or will begin: *

MM

DD

YYYY

To be eligible to enroll in SHOP insurance, you must indicate that your small business or non-profit organization meets all the following qualifications. Answer "Yes" or "No" to the following questions.

This business has from 1 to 50 full-time equivalent (FTE) employees or participated in SHOP last year. *

Yes

No

[Learn how to count FTE employees.](#)

CLICK "PREVIEW" TO REVIEW THE INFORMATION YOU ENTERED PRIOR TO CLICKING "SUBMIT" ON THE ELIGIBILITY FORM ON THE NEXT PAGE.

RETAIN YOUR ELIGIBILITY DETERMINATION FOR YOUR RECORDS:

Your eligibility determination will be sent to the email address you provided.

If you didn't provide an email address, please be sure to print or save your responses on the next page.

Preview



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