

Per 45 CFR § 156.285(d)(1)(ii), issuers of QHPs offered through a FF-SHOP are required to notify qualified employers and enrollees when FF-SHOP coverage has been cancelled or terminated for the following reasons: (1) the enrollee is no longer eligible for coverage in a QHP through the Exchange; (2) the enrollee's coverage is being terminated for nonpayment of premiums; (3) the enrollee's coverage is rescinded for fraud or intentional misrepresentation of a material fact in accordance with 45 C.F.R. §147.128; or (4) if a QHP issuer elects not to seek recertification with the Exchange for its QHP. This model language may be used by FF-SHOP issuers when developing these required notices for FF-SHOP groups and enrollees. These notices must meet the standards set forth in 45 C.F.R. §§ 156.250, 155.230(b), and 155.205(c).

[QHP Issuer Header]

[Primary Member Full Name]  
[Address]

[Date]

Dear [First Name],

**Important: Your SHOP health insurance coverage is ending. This notice includes information about next steps you can take to stay covered.**

This letter includes important information about your health insurance from [QHP name] through the Federally-facilitated Small Business Health Options Program (SHOP). Due to [Reason for termination], beginning on [Date termination takes effect] you will no longer have coverage through [QHP name]. We are also notifying your employer about this termination of coverage.

Because your coverage is ending, any other members of your household who are enrolled in this coverage will also no longer have health insurance coverage from [QHP name] on [Date termination takes effect].

**What happens when coverage ends?**

If your coverage is ending, it is important that you get coverage from another source. If you do not obtain other health coverage, you will be fully responsible for covering the cost of any health services that you receive after the date your coverage ends. Also, you could owe a penalty when filing a federal income tax return for the year if your coverage is ending and there is a gap in health coverage of three months or more during the year and you don't qualify for an exemption from the requirement to maintain health coverage. To see if you qualify for an exemption from the requirement to maintain health coverage, e.g., financial hardship, go to <https://www.healthcare.gov/glossary/hardship-exemption/>

**What are my options for coverage?**

Your employer may offer coverage and you should check with them. If your employer is either not offering affordable coverage or is not required to offer coverage, you may be eligible for reduced premiums through the Marketplace for individuals and families. To learn more about your options for Individual Marketplace coverage, go to [HealthCare.gov](http://HealthCare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325), available 24 hours a day, 7 days a week. To learn more about your options for SHOP coverage, go to [HealthCare.gov](http://HealthCare.gov) or call the SHOP Call Center at 1-800-706-7893 (TTY: 711), Monday - Friday, 9 a.m. - 7 p.m. ET.

**When will I be able to enroll in another health insurance plan?**

Depending on the reason coverage was terminated, you might be able to enroll in another health insurance plan immediately through the SHOP or Individual Marketplace, or from the health care insurance market outside the Marketplace, but you will need to take immediate action and enroll within 30 or 60 days of losing other coverage. Otherwise you would have to wait until the next annual open enrollment period for the Individual Marketplace, which begins on [November 15, 2014] for coverage effective January 1, 2015, or the next annual employee open enrollment period for enrollment through the SHOP.

**What if I think this is an error?**

If you think the information included in this letter is incorrect and you do not think that coverage should be terminated, contact your employer and notify [QHP Issuer] right away by calling the helpdesk at 1-xxx-xxx-xxxx, [days and times of helpdesk availability]. Finally, to check on the status of your SHOP account, you should also call the SHOP Call Center at 1-800-706-7893 (TTY: 711), Monday - Friday, 9 a.m. - 7 p.m. ET.

Sincerely,

[QHP Issuer Name]

[QHP Issuer Address]

[Insert privacy disclosure language]

[Insert ADA accessibility information]

[Insert limited English proficiency information]