EMPLOYER RESPONSE

Section 1 – No Enrollment Possible

The employer knows that the plan administrator cannot enroll dependents in employer-provided health care coverage for the employee named on page 1, because: (select all that apply)

☐ 1. The employee named in this Notice has never been employed by this employer.

☐ 2. We, the employer, do not offer our employees the option of purchasing dependent or family health care coverage as a benefit of their employment.

☐ 3. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health care coverage under any group health care plan maintained by the employer or to which the employer contributes. **If the employee is only temporarily ineligible for health care coverage, do not check this box, and advance to Section 2.**

☒ 4. Health care coverage is not available because employee is no longer employed here:

Effective date of separation: 10/18/2023
Reason for separation: Employee quit
Last known telephone number: 518-555-5555
Last known address: 1234 Main St., Apt. 4-D, Anyville, NY 12207
(If new employment information is known, add at #6).

☐ 5. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan (*See page 2 for description and instructions*.)

☒ 6. Other (new job information for employee, child adequately covered by 3rd party, other reason for no coverage): Capital SkyTours, 1234 Main St., Mytown, NY 12208

Section 2 – Dependent Enrollment Not Yet Available

☐ 7. The participant is subject to a waiting period that expires _____ (*more than 90 days from the date of receipt of this Notice*), or has not completed a waiting period, which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____). At the completion of the waiting period, the Plan Administrator will process the enrollment.

☐ 8. Employee is on an unpaid leave of absence. Expected date of return: _____

Section 3 – Dependent Coverage Available

☐ 9. Employer forwarded Part B – Medical Support Notice to Plan Administrator on this date:
_____

COMPLETED BY:

Employer Company Name	Plan Administrator Company / Union Name
Explore Hudson Valley	
Contact Name: Maria R. Perez	Contact Name:
Title: Human Resources Coordinator	Title:
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