

# EMAC Employee Information Form

Please enter the requested information, sign and date the form. Please submit a separate form for each individual employee you want to report. Please note that employers must submit this form to MassHealth no later than 15 days after EMAC Supplement payments are due for the quarter this request is referencing (for Q1 2018, employers must submit forms by May 15th).

Your name:

Your title:

Name of your company / organization:

Employer Identification Number:

Business address (cannot be a PO Box):

Your phone number:

Your email:

Employee name:

Employee DOB:

Last 4 digits of employee SSN:

Quarter for which you paid the EMAC Supplement credit for this employee:

Is employee currently working in your organization?      Yes    No

## **Please select the issue which you are reporting:**

- Employee is enrolled in your employer sponsored insurance (ESI) or in union insurance for which your employer pays a premium contribution:
  - a. In the space below please provide following the information: date of enrollment in ESI; name of the carrier and the health plan; policy number.
  
- Employee is not Massachusetts resident
  - a. In the space below please provide the employee's current address.
  - b. Please attach evidence that the employee is residing out of state.
  
- Employee has income which is inconsistent with subsidized public health coverage eligibility
  - a. Please review FPL eligibility table in the Appendix A.
  - b. In the space below please provide any relevant information.
  - c. Please provide evidence supporting your claim.

Other

- a. In the space below please describe the issue you are reporting and provide any relevant information and/or evidence

**Description:**

Please use this space to provide relevant information and/or explain additional information you are sending as an attachment along with this completed form.

**What happens next?**

- MassHealth and/or the Connector (depending on your employee's membership) will investigate your referral.
- You should not expect to hear back from MassHealth or the Connector due to restrictions on the disclosure of member information under federal and state privacy laws.
- If the information you provided results in a determination<sup>1</sup> that an employee was enrolled in qualifying ESI or was not eligible for subsidized benefits, DUA will determine the amount of EMAC Supplement liability generated by such employee(s) and credit the employer in the following quarter<sup>2</sup>.

**Acknowledgements and signature:**

I certify under the pains and penalty of perjury that what is stated on this form is correct and complete to the best of my knowledge.

Signature:

Date:

**Send this completed, signed form and attachments (if any) by secure email to [EMACemployeedata@State.MA.US](mailto:EMACemployeedata@State.MA.US).**

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<sup>1</sup> Note: the length of time it will take to make such determinations will depend on the nature of the discrepancy, the accuracy of the information submitted, and the volume of submissions.

<sup>2</sup> The quarterly credits will be for the employee(s) included on the list DUA receives in the preceding quarter.

# Appendix A

**MassHealth eligibility:** Non-disabled individuals/families can be enrolled in MassHealth if their income <138% of Federal Poverty Level (FPL)

**ConnectorCare eligibility:** Individuals or families with income up to 300% FPL can enroll in ConnectorCare plans

<b>2018 FEDERAL POVERTY LEVELS</b>					
<b>Size of Household</b>	<b>138%</b>	<b>150%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>
1	\$16,643	\$18,090	\$24,120	\$30,150	\$36,180
2	\$22,411	\$24,360	\$32,480	\$40,600	\$48,720
3	\$28,180	\$30,630	\$40,840	\$51,050	\$61,260
4	\$33,948	\$36,900	\$49,200	\$61,500	\$73,800
5	\$39,716	\$43,170	\$57,560	\$71,950	\$86,340
6	\$45,485	\$49,440	\$65,920	\$82,400	\$98,880
7	\$51,253	\$55,710	\$74,280	\$92,850	\$111,420
8	\$57,022	\$61,980	\$82,640	\$103,300	\$123,960