

Georgia Access Small Business Health Options Program (SHOP) Application for Employers

The purpose of this form is for small employers in Georgia to request a SHOP eligibility determination that can be used to apply for SHOP coverage and claim the federal Small Business Health Care Tax Credit. Employers are not required to submit this form prior to enrolling in SHOP coverage. However, if your small business plans to claim the Small Business Health Care Tax Credit through the Internal Revenue Service (IRS), you should complete this form to confirm your business's eligibility to enroll in SHOP coverage, and you should retain the resulting eligibility determination for your records.

If you're submitting a SHOP application, you must complete the PDF form either electronically by typing answers into the form and saving it to your computer **or** manually by printing the form and writing in responses. **All fields are mandatory.** Missing information or blank fields may lead to a delay in processing.

Please submit the completed application via email as a PDF to SHOP@GeorgiaAccess.ga.gov with "SHOP Application" followed by your business's name in the subject line.

If you're unable to submit electronically, please include your completed application in one envelope and mail to the Georgia Access Contact Center at the address below:

ATTN: SHOP APPLICATION FOR *[INSERT BUSINESS NAME]*
Georgia Access Contact Center
PO Box 12264
Birmingham, AL 35202

See below for key information regarding your SHOP application. When you are ready to begin the application, please proceed to page 3.

SHOP APPLICATION INFORMATION

1) Is my business eligible for SHOP?

To be eligible, your business or organization must:

- A. Have up to 50 Full-Time Equivalent (FTE) employees¹
- B. Offer coverage to all full-time employees
- C. Enroll at least 70% of eligible FTE employees who are offered insurance and not otherwise covered
- D. Have an office/employee worksite within Georgia

2) Is my business eligible for the Small Business Health Care Tax Credit?

For more information about the Small Business Health Care Tax Credit, visit www.IRS.gov or contact a tax professional.

3) Who can I contact for help with my application?

Employers can work with a Georgia Access certified agent or SHOP issuer to complete the application. A certified agent and SHOP issuer can also provide information to compare cost and coverage options, select a plan, and complete the enrollment process. Find contact information for all SHOP issuers and Georgia Access certified agents at GeorgiaAccess.gov.

¹ Georgia Access SHOP defers to the [HealthCare.gov FTE Employee Calculator](https://www.healthcare.gov/employers/employee-calculator/) for determining an employer's number of FTEs.

If you need more information, want additional assistance with your application, or want to contact a local Georgia Access certified agent or SHOP issuer for help, please visit GeorgiaAccess.gov or call the Georgia Access Contact Center at 888-687-1503.

4) What happens after I submit the application?

Georgia Access SHOP will send the employer's eligibility determination results to the contact information provided in Section 3 in the form below. Employers are not required to submit this form before enrolling in SHOP coverage. Please refer to GeorgiaAccess.gov for more information on how to appeal an ineligible or untimely determination.

Georgia Access will keep your information private as required by law. The answers on this form will only be used to determine whether your business or organization is eligible for Georgia Access SHOP and to contact you regarding your application or other SHOP-related matters.

5) What if I need language or accessibility services?

Georgia Access provides language and accessibility services for employers that request additional assistance. If you require language or accessibility services, please email SHOP@GeorgiaAccess.ga.gov to request accommodations. These accommodations are provided at no cost to you.

SECTION 1: EMPLOYER’S BUSINESS INFORMATION

Complete Section 1 by providing information about the employer offering SHOP coverage. An employer must have an office or employee worksite within Georgia and offer SHOP coverage to all FTE employees. All fields are mandatory.

**Note: Do not include a personal email address or phone number unless it is also used for business.*

Employer Information			
1. Business Name		2. Federal Employer Identification Number (FEIN)	
3. Business Email*		4. Business Phone Number*	
5. Business Type (select one) <input type="checkbox"/> Private Sector (For-Profit/Non-Profit) <input type="checkbox"/> State/Local Government <input type="checkbox"/> Foreign Government <input type="checkbox"/> Other			
6. Primary Business Address			
7. City	8. County	9. State	10. Zip Code

SECTION 2: GEORGIA ACCESS SHOP ELIGIBILITY REQUIREMENTS

Complete Section 2 by confirming your business or organization meets the Georgia Access SHOP eligibility requirements.

SHOP Eligibility Requirements	
<p>1. Please select or place a checkmark in the box next to all requirements that apply to your business or organization. To be eligible to participate in Georgia Access SHOP, a business or organization must meet all four requirements listed. If you do not meet all four requirements, your business or organization will be ineligible for SHOP coverage.</p>	<p>Requirements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Offer coverage to all full-time employees. <input type="checkbox"/> Enroll at least 70% of the employees who are offered insurance. <input type="checkbox"/> Have an office/employee worksite within Georgia. <input type="checkbox"/> Have up to 50 FTE employees.² <i>(Insert the business's number of FTE employees below.)</i> <p>Number of FTE Employees:</p>
<p>2. If all statements are selected above, insert your intended coverage start date.</p>	<p>Intended Coverage Start Date (mm/dd/yyyy):</p>

² Georgia Access SHOP defers to [HealthCare.gov FTE Employee Calculator](#) for determining an employer's number of FTEs.

SECTION 3: CONTACT INFORMATION FOR THE APPLICATION

Complete Section 3 by providing information for the **Primary Point of Contact** for the application. Georgia Access SHOP will send the employer’s eligibility determination using this information, and may contact the individual with questions. All fields are mandatory.

Primary Point of Contact – Contact Information				
1. First Name	Middle Name	Last Name	Suffix	2. Title
3. Primary Phone Number			4. Email	
5. Mailing Address (if different than the primary business address in Section 1)			6. Mailing Address 2 (if applicable)	
7. City	8. County	9. State	10. Zip Code	
11. Please select one or both boxes below to indicate your preference on how your notices will be sent. <input type="checkbox"/> Electronic notices by email <input type="checkbox"/> Paper notices by mail				
12. Preferred Written Language			13. Preferred Spoken Language	

SECTION 4: CONTACT INFORMATION FOR GEORGIA ACCESS CERTIFIED AGENTS ONLY

Complete Section 4 if you are a Georgia Access certified agent filling out this application on behalf of an employer. The agent who assists with this application and fills out this section must be certified by Georgia Access. Employers will be asked to resubmit their application if a non-Georgia Access certified agent completes the section below.

Certified Agent – Contact Information			
1. First Name	2. Middle Name	3. Last Name	4. Suffix
5. Primary Phone Number		6. Email	
7. Mailing Address		8. Mailing Address 2 (if applicable)	
9. City	10. County	11. State	12. Zip Code
13. Organization Name (if applicable)			
14. State of Georgia Agent License Number		15. National Producer Number (NPN)	

SECTION 5: AGREEMENT & SIGNATURE

Complete Section 5 by reviewing the Georgia Access SHOP terms and signing the application.

- A. I understand that by completing and signing this form, I am attesting that I am authorized to do so on behalf of the business or organization indicated above.
- B. I understand that the information on this form will only be used to determine eligibility for Georgia Access SHOP and will be kept private as required by law. If eligible, this information may be used to facilitate SHOP enrollment.
- C. I understand that I must report to Georgia Access SHOP if any information changes or is different than what I stated on this form. I can email **SHOP@GeorgiaAccess.ga.gov** or call 888-687-1503 to report changes.
- D. I understand that under state and federal law, discrimination is not permitted on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). I can file a complaint of discrimination by visiting <https://oci.georgia.gov/file-consumer-insurance-complaint>.
- E. I have consent from the requisite individuals to include personally identifiable information (e.g., addresses and phone numbers) on this form.
- F. I am signing this form under penalty of perjury, which means I have provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and/or untrue information.

Printed Name of the Person Signing	Title of the Person Signing
Signature	Date Signed <i>(mm/dd/yyyy)</i>