Certification of Insurance Offered

NOTE: When employee becomes eligible for Health Insurance, this form must be signed by the employee and placed in his/her personnel file for Affordable Care Act (ACA) compliance.

☐ **Employee eligible for "Tier 1" Insurance Coverage**
(Expected to work more than 30 hours per week or required to be Tier 1 insurance during the Affordable Care Act stability period)

☐ **Employee eligible for "Tier 2" Insurance Coverage**
(Expected to work 20 to 29.9 hours per week)

I hereby certify that my employer, State of Idaho, has provided me and my eligible dependents an offer of health insurance, as defined above.

Employee Signature: _____

Employee Printed Name: _____

Date: _____