



Qualified Small Employer HRA —IMPORTANT NOTICE—

Your employer sponsors a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) plan.

This important notice affects your plan. Please retain it in your records.

You are required to inform any Marketplace to which you apply for advance payments of the premium tax credit about the amount of your permitted benefit. The amount of your permitted benefit may affect your eligibility for a premium tax credit and will reduce the amount of the premium tax credit for which you are eligible. You should retain this written notice because it may be needed to calculate the premium tax credit on your individual income tax return.

- The permitted benefit under your QSEHRA plan is the maximum amount you can be reimbursed during the plan year.

Plan Type (choose one)	Effective Date (your permitted benefit applies to medical expenses incurred on or after this date)	Maximum Reimbursement (fillable amount*)
Employee only		\$
Family		\$
Other (specify):		\$

**These amounts are prorated by month if you are not eligible on the first day of the year.*

- If you do not have minimum essential coverage for any month, you may be liable for an individual shared responsibility payment under section 5000A of the Internal Revenue Code, and all of the reimbursements you receive under this arrangement for expenses incurred in that month will be includible in your gross income. For a list of examples of plans and arrangements that are minimum essential coverage, you may refer to the Instructions for IRS Form 8965, which are available on the IRS website.

*The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only.
Any other use or disclosure is prohibited.*