*1. Sample communication to a newly hired, non-full-time employee.*

[Date]

Re: How Your Eligibility for Health Benefits will be Determined as a New Hire

Dear [Employee],

Welcome to [Agency]; we are excited to have you on board. To help you become familiar with our benefits during this orientation process, we would like to provide a brief explanation about your eligibility for health insurance. We will determine your initial eligibility for health benefits by tracking your hours of service during an “initial measurement period”.

Your initial measurement period runs through [insert the last day of the employee’s initial measurement period]. To be eligible for health benefits, you must have at least an average of 30 hours of service per week during the initial measurement period. After the end of the initial measurement period, you will be notified whether you are eligible for health insurance coverage.

Should you have any questions, please contact [Human Resources] at [phone number and email address].

Sincerely,

*2. Sample communication to a non-full-time employee who has completed their* ***initial*** *measurement period (IMP) and* ***is eligible*** *for health insurance coverage.*

[Date]

Re: Determination of Your Health Care Benefits

Dear [Employee],

Congratulations! You have completed your initial measurement period which was used to evaluate your eligibility for health insurance coverage. We have determined that you are eligible for coverage.

[Insert your agency’s guidelines for enrollment here. Be sure to state that you require a signed GB-01 electing or waiving coverage and the form is to be returned within thirty (30) days of the employee’s eligibility date.]

If you elect coverage, it will be effective [first day of health insurance coverage/initial stability period] and you will be required to continue coverage through [last day of the employee’s initial stability period]. To continue to be eligible for health insurance coverage beyond the end date, you must have maintained at least an average of 30 hours of service per week, if approved by your manager/supervisor.

Should you have any questions, please contact [Human Resources] at [phone number and email address].

Sincerely,

*3. Sample communication to non-full-time employee who has completed their* ***initial*** *measurement period and is* ***NOT eligible*** *for health insurance coverage.*

[Date]

Re: Determination of Your Health Care Benefits

Dear [Employee],

You have completed your initial measurement period which was used to evaluate your eligibility for health insurance coverage. We have determined that you have not averaged at least 30 hours of service per week and therefore you are not eligible for health insurance coverage at this time.

From this point forward, we will continue to track your hours of service to determine whether you are eligible for health insurance coverage. Should you become eligible, we will extend an offer of coverage to you during Annual Enrollment.

Should you have any questions, please contact [Human Resources] at [phone number and email address].

Sincerely,

*4. Sample communication to a non-full time-employee who has completed their* ***standard*** *measurement period and* ***is eligible*** *for health insurance coverage.*

[Date]

Re: Determination of Your Health Care Benefits

Dear [Employee],

Congratulations! You have completed your standard measurement period which was used to evaluate your eligibility for health insurance coverage. We have determined that you are eligible for coverage.

[Insert your agency’s guidelines for enrollment here. Be sure to state that you require a signed GB-01 electing or waiving coverage and the form is to be returned within thirty (30) days of the employee’s eligibility date.]

If you elect coverage, it will be effective January 1, [YEAR] and you will be required to continue coverage through December 31, [YEAR]. To continue to be eligible for health insurance coverage beyond December 31, [YEAR], you must continue to maintain an average of at least 30 hours of service per week, if approved by your manager/supervisor.

Should you have any questions, please contact [Human Resources] at [phone number and email address].

Sincerely,

*5. Sample communication to a non-full time-employee who has completed their* ***standard*** *measurement period and is* ***not eligible*** *for health insurance coverage.*

[Date]

Re: Determination of Your Health Care Benefits

Dear [Employee],

You have completed your standard measurement period which was used to evaluate your eligibility for health insurance coverage. Unfortunately, we have determined that you have not averaged at least 30 hours of service per week and therefore you are not eligible for health insurance coverage.

Your health insurance coverage will be canceled effective January 1, [YEAR]. NOTE: This statement should only be included if the employee previously enrolled in health insurance coverage that will be cancelled because they are no longer eligible. If the employee was not enrolled in health coverage, this statement is not needed.

We will continue to track your hours of service to determine whether you are eligible for health insurance coverage. Should you become eligible, we will extend an offer of coverage to you during Annual Enrollment.

Should you have any questions, please contact [Human Resources] at [phone number and email address].

Sincerely,