



1358 7th Street East
Saint Paul, MN 55106
Business Phone: (651) 778-0562
Fax: (651) 778-9967

Offer of Health Insurance Coverage

Name: _____

DOB: _____

SSN: _____

Address	City	State	Zip Code
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Please indicate whether you wish to enroll or decline insurance coverage for you or for your dependent(s). To enroll your dependents, you will need to complete the appropriate enrollment forms and supply the required supporting documentation.

* Please Note: Rainbow Home Healthcare's contribution toward employee medical premium is 50%. Rainbow Home Healthcare does not offer coverage to dependent(s).

I wish to enroll Health Insurance coverage for myself (or my dependents).

I wish to decline insurance coverage for myself (or my dependents)

I, _____, acknowledge that I work 30 hours or more per week and I have received an offer of Health Insurance coverage for myself by Rainbow Home Healthcare, Inc. beginning January 01, 2018 or upon being hired within the calendar year of 2018. By signing below I am confirming that all the information provided is true.

Employee's Signature

Date



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November 01, 2017

RE: Offer of Insurance Coverage Notice

**Please see Rainbow
Home Healthcare staff
to complete
enrollment form.**

Dear all personal care attendants,

As you may know, the Affordable Care Act mandates go into effect starting January 2015. The new law requires all applicable small business employers with employees of 50 or more, (including Rainbow Home Healthcare) to offer health insurance coverage to all full-time and full time equivalent employees of 30 hours or more per week.

This letter is to inform you that Rainbow Home Healthcare hereby offering health insurance coverage to you. Rainbow Home Healthcare's contribution toward employee medical premium is 50%. **Please be aware you will be responsible for the full costs of adding dependents. You will receive an invoice for enrolling any dependent(s).**

Enrollment period must be completed once hired. You may decline to enroll in the health insurance offered for any reason; you are not required to accept this offer of coverage. You can add coverage at any time even if you decline now. Please complete the **Offer of Health Insurance Coverage** form along with **Employee Application** Form and return to Rainbow Home Healthcare, Inc.

If you have questions or concerns regarding your insurance coverage, please contact Rainbow Home Healthcare at 651-778-0562.

Sincerely,

Vong Lor,
Program Administrator