**DOCUMENTATION OF ATTEMPTS TO OBTAIN SOCIAL SECURITY NUMBER (SSN) OR TAXPAYER IDENTIFICATION NUMBER (TIN) FOR HEALTH PLAN**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Plan ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Health Plan Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Affordable Care Act (ACA) requires that the SSNs of all employees and covered family members be reported. IRS will use the SSN to determine that the employee and other covered individuals have complied with the individual shared responsibility provision of the ACA. A TIN may be provided instead of an SSN.

As required by ACA, this correspondence is to request the missing SSN or TIN for members shown below:

|  |  |
| --- | --- |
| **Name(s) of member(s) missing an SSN or TIN** | **Enter SSN or TIN** |
| (Enter names of family members missing SSNs) |  |
|  |  |
|  |  |

Complete and return this form to: (Provide the Employer Contact and Address)

If you are unable to provide this information, you will be contacted again as required by law. Failure to provide the correct identification number could result in a penalty from the IRS.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Signature Date**

**TLC Employer Certification:**

I certify that the information on this form is complete and accurate to the best of my knowledge.

Authorized by:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_ext\_\_\_\_\_\_\_\_

Send authorized form by email to TLC@dhrm.virginia.gov, fax to (804) 786-1708, or mail to DHRM-TLC, 101 N 14th St,

Fl 13, Richmond, VA 23219.