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Form SHOP-1

AFFORDABLE CARE ACT: CERTIFICATION OF ELIGIBILITY TO PARTICIPATE IN THE SMALL-BUSINESS HEALTH OPTIONS PROGRAM

Thank you for your interest in the Small-Business Health Options Program (SHOP)!

Under the Affordable Care Act (ACA), qualified employers may purchase health insurance coverage if the business meets specific requirements. This form enables you to confirm that your business meets the requirements to participate in SHOP.

Please complete the form below for the State of Hawaii, Department of Labor and Industrial Relations (DLIR) to certify your participation in SHOP. Upon completion, please submit this form to DLIR:

Mail to: DLIR/SHOP, 830 Punchbowl Street, Room 321, Honolulu, Hawaii, 96813
Email: aca-smallbiz@hawaii.gov

Once processed by the DLIR, we will sign and return the form to you so that you can proceed with purchasing a Qualified Health Plan (QHP), including a Stand Alone Dental Plan (SADP), through SHOP.

One of the benefits of your company's participation in SHOP is that your company may be eligible for the Small Business Health Care Tax Credit (Tax Credit Estimator: <https://www.healthcare.gov/shop-calculators-taxcredit/>). Additional requirements apply (e.g., the average pay of annual salaries for all employees must be \$50,000 or less). To determine whether your company is eligible to claim a tax credit, please consult with your tax advisor as your business will need to complete and submit IRS Form 8941 (available at labor.hawaii.gov/aca-smallbiz or irs.gov) with your tax return.

Please remember that your business must also comply with Hawaii's Prepaid Health Care Act. For more information about Prepaid Health Care, visit labor.hawaii.gov/dcd/about-phc/.

If you have any questions, please contact us:

Phone: 586-8835 (Oahu), 844-308-6307 (toll free)
Email: aca-smallbiz@hawaii.gov

Mahalo!

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
TTY/TDD (808) 586-8844

**AFFORDABLE CARE ACT (ACA):
CERTIFICATION OF ELIGIBILITY FOR SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP)
FEDERAL TAX CREDIT FORM**

Please provide the following information for Federal reporting purposes:

1. The number of **full-time equivalent employees** presently in your company (A Federal calculator is here: <https://www.HealthCare.gov/shop-calculators-fte/>): _____
2. The expected percentage of the employee premium to be paid by your company:
 - 100%
 - Comply with Prepaid Health Care (withhold only 1.5% of the employee's gross wages)
 - Other (explain): _____

I certify that my company indicated below is in compliance with the following criteria and is eligible to participate in SHOP (45 Code of Federal Regulations (CFR) 155.710(b) Employer eligibility requirements):

- a. My company is a small employer, employing 1 to 50 **full-time equivalent** employees (see #1 above).
- b. My company will offer, at a minimum¹, all full-time employees coverage in a SHOP QHP.
- c. My company (a) has its principal business address in Hawaii or (b) will offer coverage to each eligible employee in Hawaii through Hawaii's SHOP.

I, _____ (print name), as _____ (print title), am an

authorized representative of _____
(company) and hereby attest that the above statements are true and I have elected to purchase employee health insurance through the Small Business Health Options Program (SHOP). If our company wishes to claim the Small Business Health Care Tax Credit, we understand that we must use IRS Form 8941, Credit for Small Employer Health Insurance Premiums, to calculate the credit. If qualified, our company may include the amount as part of the general business credit on our income tax return.

Signature

Date

Company Address: _____

Company EIN: _____

Phone: _____ Email: _____

State of Hawaii Acknowledgement (to be completed by DLIR):

Based on the attestation above, the State of Hawaii certifies that the company indicated above meets the criteria for eligibility to participate in the ACA SHOP under 45 CFR 155.710 and 155.715.

Signature

Date

Printed Name

Title

¹ The Hawaii Prepaid Health Care Act requirements also apply.