

<b>A. Employee Information</b>					
Name (First, Middle Initial, Last):			Gender:	Social Security Number:	Birth Date:
Street Address:			City:	State:	ZIP Code:
Home Phone Number:	Cell Phone Number:	Work Phone Number:	E-Mail Address:		
Change Address and/or other information as noted above <input type="checkbox"/>			Employee's Hire Date:	Effective Date of Change:	
<b>B. Employee Status</b>					
The Employee listed above is not eligible for coverage in the State Employees' Health Insurance Plan or any other SEIB offered plan because the Employee is not expected to work an average of 30 hours per week or 130 hours per month during an applicable measurement period because the Employee is:					
Seasonal	<input type="checkbox"/>				
Temporary	<input type="checkbox"/>				
Intermittent	<input type="checkbox"/>				
Emergency	<input type="checkbox"/>				
Contract	<input type="checkbox"/>				
Less than 10 hours per week	<input type="checkbox"/>				
Pay Frequency:					
<input type="checkbox"/> Semi-Monthly Arrears	<input type="checkbox"/> Semi-Monthly Current	<input type="checkbox"/> Monthly			
<b>AFFIRMATION</b>					
<p>I hereby affirm that I have completely read and fully understand the terms and conditions of this form. I attest that all the representations made by me on this form are true and correct. I hereby affirm it is my agency's responsibility to comply with all provisions of the Affordable Care Act to ensure all full-time employees, and those part-time, temporary, seasonal, intermittent, emergency, and/or contract employees of my agency who average 30 or more hours per week or 130 hours per month during a measurement period, are offered State Employees' Health Insurance Plan (SEHIP) coverage. I understand and acknowledge that my agency must submit an Active Employee Enrollment form (IB02) for all full-time employees, whether the employee chooses to enroll in the SEHIP, chooses another type of coverage offered by the SEIB, or declines all coverage. In addition, it is the responsibility of my agency to track and measure part-time, temporary, seasonal, intermittent, emergency, and/or contract employees' hours during an initial measurement period (newly hired employees) or a standard measurement period (ongoing employees). Should one of these employees average 30 or more hours per week or 130 hours per month during that measurement period, my agency must offer the employee SEHIP coverage as a full-time employee for the length of a stability period. Failure to offer coverage to these employees may result in Employer Shared Responsibility Payments under the Affordable Care Act. I also understand and acknowledge that the SEIB will bill my agency the amount of the monthly state rate for each full-time employee for each month the employee should have been offered SEHIP coverage pursuant to the requirements of the Affordable Care Act and Alabama law.</p>					

Payroll Officer Signature: \_\_\_\_\_ State Agency Code: \_\_\_\_\_ Date: \_\_\_\_\_

**State Employees' Insurance Board**  
 201 South Union Street, Suite 200  
 Post Office Box 304900  
 Montgomery, Alabama 36130-4900  
 Phone: (334) 263-8341  
 Toll Free: 1-866-836-9737  
 Fax: (334) 263-8541  
 Email: SEIBEnrollments@alseib.org  
 Online: www.alseib.org