**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. The IRS will use the SSN to determine that the employee and the 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 is to request the missing SSN or TIN for members listed below:

|  |  |
| --- | --- |
| **Name(s) of Members(s) missing an SSN or TIN** | **Provide an SSN or TIN** |
| **(Agency--provide names of those missing SSN or TIN)** |  |
|  |  |
|  |  |

Complete and return this form to: (Agency--provide contact information)

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**

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

Agencies: Key SSNs using PSB301, RC 57, and keep this form to document the SSN provided to you. If a TIN is reported, send the form to the Office of Health Benefits—email to OHB@dhrm.virginia.gov or fax to 804-371-0231. Keep a copy for your records.