



Supplemental Part 1A

Name of Business: _____

Part IA: Employer Contribution to Premiums and to Health Savings Accounts

Type of coverage	Health Plan Product ID:			Health Plan Product ID:		
	Annual Premium (before subsidy)	Employer Contribution to premium (before subsidy)	Employer contribution to HSA (before subsidy)	Annual Premium (before subsidy)	Employer Contribution to premium (before subsidy)	Employer contribution to HSA (before subsidy)
Employee						
Employee/Child						
Employee/Spouse						
Family						

Type of coverage	Health Plan Product ID:			Health Plan Product ID:		
	Annual Premium (before subsidy)	Employer Contribution to premium (before subsidy)	Employer contribution to HSA (before subsidy)	Annual Premium (before subsidy)	Employer Contribution to premium (before subsidy)	Employer contribution to HSA (before subsidy)
Employee						
Employee/Child						
Employee/Spouse						
Family						

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	Annual Premium (before subsidy)	Employer Contribution to premium (before subsidy)	Employer contribution to HSA (before subsidy)	Annual Premium (before subsidy)	Employer Contribution to premium (before subsidy)	Employer contribution to HSA (before subsidy)
Employee						
Employee/Child						
Employee/Spouse						
Family						