

NOTIFICATION OF NAME AND/OR SOCIAL SECURITY MISMATCH

Dear Employee,

The Affordable Care Act (ACA) requires our company to report annually to the Internal Revenue Service (IRS) on our offer of health coverage to eligible full-time employees. This information must be submitted to the IRS with the name and Social Security Number (SSN) of each employee for whom we issue a Form 1095-C. You received a copy of Form 1095-C earlier this year.

When we submitted this information electronically to the IRS we received a report indicating the name/SSN we reported as shown below does not match the name/SSN in the Social Security Administration (SSA) records:

SS#	Employee ID	Date
Last Name	First Name	Middle Name

We are required to try to correct this information in a timely manner. We request your help to fix this:

Check to see if the information above matches the name and Social Security Number on your Social Security card.

<p>If the name and SSN listed above MATCHES the name and SSN on your Social Security Card, please sign and date here, and you need to contact the local SSA office to resolve this issue.*</p>	
<p><input type="checkbox"/> Yes, the information above matches the information on my Social Security Card exactly</p>	
Employee's Signature	Date
<p>If the name and SSN listed above DOES NOT MATCH the name and SSN on your Social Security Card, please provide us your social security card, so we may correct our records.</p> <p>If you have recently married or divorced and forgot to notify SSA, you need to contact the local SSA office to resolve this or any other discrepancy issue. *NOTE 1</p> <p>If your culture uses two last names, the first of the two last names should be registered with SSA. If there is confusion with your middle and last names being switched, you need to contact the local SSA office to resolve this issue.*</p>	

*To find the SSA office nearest you, go to www.ssa.gov or call 1-800-772-1213.

This letter is our notification of this issue, and you must respond to us within the next 14 calendar days.

Once you have resolved this apparent discrepancy, you must report to us the resolution

If you provide us with a new name or SSN, we will verify that new information with the Social Security Administration.

Company Representative

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

Employee's signature:	Date
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NOTE: This notice does not imply that you intentionally provided incorrect information about your name or Social Security Number, nor does this adversely affect your employment.