**PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Employee Name | | | 1. Employee Social Security Number | |
|  | | | | |
| 1. Employer Name   **Consumer Directions, Inc.** | | | 1. Employer Identification Number (EIN) **41-2019048** | |
| 1. Employer Address   **425 East St. Germain Street, Suite 200** | | | 6. Employer phone number  **320-257-8336** | |
| 1. City   **Saint Cloud** | | 1. State   **MN** | | 1. ZIP code   **56304** |
| 10. Who can we contact at this job?  **Kimberly Christen-Mattson, Human Resources** | | | | |
| 11. Phone number (if different from above)  **(320) 257-8336** | 12. Email address  **Kim@yourfse.com** | | | |

**You are not eligible for health insurance coverage through this employer.** You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.