

[Employer Health Care Contribution Information](#)

Employers are required to pay Health Care Contributions for any employees that are without coverage on their quarterly Wage & Contribution Report.

For calendar year 2017, the Health Care contribution amount will be \$158.77 for each uncovered Full Time Equivalent (FTE) above the current exempt FTE number of four.

Questions about potential eligibility for all State Health plans and/or premium assistance for Vermont Health Connect and Employer-Sponsored insurance plans can be answered by calling the Agency of Human Services at 1-800-250-8427.

Please visit our [Frequently Asked Questions](#) page for more information

Employer Health Care Reporting Forms

- [HC-1 Health Care Contribution Worksheet \[PDF\]](#)
- [HC-2 Declaration of Coverage \[PDF\]](#)
- [HC-3 A Guide to Health Care Reporting \[PDF\]](#)
- [HC-4 Health Care Decision Tree \[PDF\]](#)