



September 5, 2014

Michael Bekesha
Judicial Watch, Inc.
mbekesha@judicialwatch.org

Re: FOIA 2014-11

Dear Mr. Bekesha,

This letter is in response to your email sent August 14, 2014 containing a Freedom of Information Act request. Your request is granted in part and denied in part. Responsive documents are attached.

Request: Judicial Watch, Inc. requests from the DC Health Benefit Exchange Authority access to and a copy of the confirmation eligibility form completed by the U.S. Congress and/or the U.S. Senate and/or the U.S. House of Representatives when it signed up for DC Health Link. The confirmation eligibility form is identified on page 30 of the Small Business Guide to DC Health Link.

Response: The request granted in part and is denied in part pursuant to D.C. Official Code § 2-534(a)(2).

Under D.C. Official Code § 2-537 and 1 DCMR 412, you have the right to appeal this letter to the Mayor or to the Superior Court of the District of Columbia. If you elect to appeal to the Mayor, your appeal must be in writing and contain "Freedom of Information Act Appeal" or "FOIA Appeal" in the subject line of the letter as well on the outside of the envelope. The appeal must include (1) a copy of the original request; (2) a copy of any written denial; (3) a statement of the circumstances, reasons, and/or arguments advanced in support of disclosure; and (4) a daytime telephone number, and e-mail and/or U.S. Mail address at which you can be reached. The appeal must be mailed to: The Mayor's Correspondence Unit, FOIA Appeal, 1350 Pennsylvania Avenue, N.W., Suite 316, Washington, D.C. 20004. Electronic versions of the same information can instead be e-mailed to The Mayor's Correspondence Unit at foia.mayor@dc.gov. Further, a copy of all appeal materials must be forwarded to me as the Freedom of Information Officer of the involved agency.

Please do not hesitate to contact me if you have any questions. The file is now closed.

Sincerely,

A handwritten signature in black ink that reads "Mary Beth Senkewicz". The signature is written in a cursive style with a large, looping flourish at the end.

Mary Beth Senkewicz
Associate General Counsel and Policy Advisor
FOIA Officer



Close

Print

Employer Information

Employer name & address

Employer name US House of Representatives

Doing business as(name) STAFF US House of Representatives

Federal Employer Identification Number(EIN) [REDACTED]

Employer Type State/local government

Average Number of Full-Time Employees (In Prior Calendar Year) ..

Average Number of Part-Time Employees (In Prior Calendar Year) ..

Average Weekly Hours Worked By Part-Time Employees ..

Number of Full-Time Equivalents (FTEs) in Prior Calendar Year 45

Primary business address

Business address Line 1 B-215 Longworth HOB

Business address Line 2 ..

City Washington

State DC

ZIP Code 20515

Contact name & email address

Check here if you are the contact?

Name First Name Middle Initial Last Name Suffix

[Redacted]

Title ..

E-mail address [Redacted]

Contact mailing address

Check here if the contact address is the same as the primary business address?

Address Mailing address Line 1 Mailing address Line 2
US House of Representatives Members Svc Room 139A Cannon HOB
City State ZIP Code
Washington DC 20515

Contact preferences

Preferred phone number: Phone type Phone number Phone number Ext.
Work [Redacted]

Secondary phone number Phone type Phone number Phone number Ext.
..

Fax number ..

Preferred spoken language ..

Preferred written language ..

Finalize Employees

†

First Name	Last Name	Date of Birth	ZIP Code	EE Class
Twenty	Congress	01/01/1994	20002	All Employees
Employee Dependents: None				

Confirmation

- I attest that I employ 50 or fewer full time equivalent employees.
- I attest that I will offer coverage to all full-time employees working an average of 30 hours per week through DC Health Link (or, for multi-state employers, any other exchange serving those work locations outside of DC).

Electronic Signature

I've provided true and correct answers to all the questions on this form to the best of my knowledge. I know that if I'm not truthful there may be a penalty. I know that I must tell (DC Health Link) if anything changes about what I wrote on this application.

I agree

Job Title from your
Company

Signature: First Name Middle Initial

[Redacted Signature]

Last Name Suffix

[Redacted Name]

Date 11/25/2013

Close

Print

Close

Print

Employer Information

Employer name & address

Employer name United States Senate

Doing business as(name) United States Senate

Federal Employer Identification Number(EIN) [REDACTED]

Employer Type State/local government

Average Number of Full-Time Employees (in Prior Calendar Year) ..

Average Number of Part-Time Employees (in Prior Calendar Year) ..

Average Weekly Hours Worked by Part-Time Employees ..

Number of Full-Time Equivalents (FTEs) in Prior Calendar Year 45

Primary business address

Business address Line 1 United States Senate

Business address Line 2 Disbursing Office

City Washington

State DC

ZIP Code 20510

Contact name & email address

Check here if you are the contact?

Name First Name Middle Initial Last Name Suffix

[Redacted] [Redacted]

Title --

E-mail address [Redacted]

Contact mailing address

Check here if the contact address is the same as the primary business address?

Address Mailing address Line 1 Mailing address Line 2 City State ZIP Code
B-215 Longworth HOB -- Washington DC 20515

Contact preferences

Preferred phone number Phone type Phone number Phone number Ext.
Work [Redacted]

Secondary phone number Phone type Phone number Phone number Ext.
-- -- --

fax number --

Preferred spoken language --

Preferred written language --

Finalize Employees

1

First Name	Last Name	Date of Birth	ZIP Code	EE Class
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First Name	Last Name	Date of Birth	ZIP Code	EE Class
first	last	01/01/1980	20002	All Employees
Employee Dependents: None				

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I agree

Job Title from Form
Company

Signature: First Name Middle Initial
Last Name Suffix

Date 02/19/2014

Close

Print

Close

Print

Employer Information

Employer name & address

Employer name US House of Representatives

Doing business as(name) US House of Representatives

Federal Employer Identification Number(EIN) [REDACTED]

Employer Type State/local government

Average Number of Full-Time Employees (in Prior Calendar Year) ..

Average Number of Part-Time Employees (in Prior Calendar Year) ..

Average Weekly Hours Worked By Part-Time Employees ..

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Primary business address

Business address Line 1 US House of Representatives

Business address Line 2 Members Svc Room 139A Cannon HOB

City Washington

State DC

ZIP Code 20515

Contact name & email address

Check here if you are the contact?

Name First Name Middle Initial Last Name Suffix

[Redacted] [Redacted]

Title --

E-mail address [Redacted]

Contact mailing address

Check here if the contact address is the same as the primary business address?

Address Mailing address Line 1 Mailing address Line 2 City State ZIP Code

United States Senate Disbursing Office Washington DC 20510

Contact preferences

Preferred phone number Phone type Phone number Phone number Ext.

Work [Redacted]

Secondary phone number Phone type Phone number Phone number Ext.

-- -- --

Fax number --

Preferred spoken language --

Preferred written language --

Finalize Employees

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First Name	Last Name	Date of Birth	ZIP Code	EE Class
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First Name	Last Name	Date of Birth	ZIP Code	EE Class
Twenty	Congress	01/01/1994	20002	All Employees
Employee Dependents: None				

Confirmation

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I agree

Job Title from Your ..
Company

Signature: First Name Middle Initial

[Redacted Signature]

Last Name Suffix

[Redacted Signature]

Date 11/03/2013

Close

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