

First Name	Last Name	Date of Birth	ZIP Code	EE Class
Twainly	Congress	01/01/1994	20302	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 Signature]

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 ~~Statelocal~~ 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

First Name	Last Name	Date of Birth	ZIP Code	EE Class
first	last	04/01/1980	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]

Last Name Suffix

[Redacted]

Date 02/19/2014

Close

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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 ..

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

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

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

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- I agree

Job Title from Your
Company

Signature: First Name Middle Initial

[Redacted]

Last Name Suffix

[Redacted]

Date 11/03/2013

Close

Print

Close

Print

Employer Information

Employer name & address

Employer name US House of Representatives

Doing business as(name) STAFF US House of Representatives

Federal Employer [REDACTED]
Identification Number(EIN)

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 45
Equivalents (FTEs) in Prior
Calendar Year

Primary business address

Business address Line 1 B-215 Longworth HOB

Business address Line 2 --

City Washington

State DC

ZIP Code 20515

Office of the
Chief Administrative Officer
U.S. House of Representatives
Washington, DC 20515-6860

March 11, 2015

The Honorable David Vitter, Chairman
Committee on Small Business and Entrepreneurship
United States Senate
Washington, DC 20510

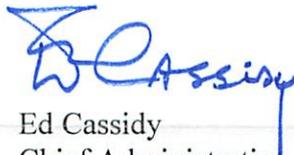
Dear Chairman Vitter:

Thank you for your letter of March 2, 2015 concerning the administrative processes through which Members of Congress and certain of their employees were enabled to purchase employer-provided health coverage authorized in the Patient Protection and Affordable Care Act.

In my letter to you of February 13, 2015, I advised that our reading of the Standing Rules of the Senate turned up no indication that the internal administrative procedures of the House fall within the jurisdiction of the Senate Committee on Small Business and Entrepreneurship. A subsequent examination conducted upon receipt of your most recent letter yielded the same result.

In closing, let me reiterate my expectation that your ongoing review of the Senate's handling of this matter will likely detail Senate Disbursing Office processes not materially different than those employed here in the House.

Sincerely,



Ed Cassidy
Chief Administrative Officer

Office of the
Chief Administrative Officer
U.S. House of Representatives
Washington, DC 20515-6860

February 13, 2014

The Honorable David Vitter
Chairman, Committee on Small Business & Entrepreneurship
United States Senate
Washington, D.C. 20510

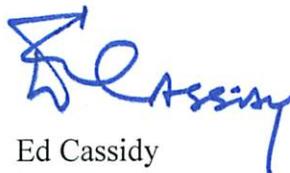
Dear Chairman Vitter:

I am writing in response to your letter of February 5, 2015. You have inquired about certain administrative processes which facilitated the purchase by Members and employees of the House of Representatives of employer-provided health coverage, pursuant to the Patient Protection and Affordable Care Act and implementing regulations adopted by the U.S. Office of Personnel Management.

Although I appreciate your interest in this important issue, I have been unable to identify a provision of the senate rules indicating that the internal operations of the House of Representatives fall within the jurisdiction of the Committee on Small Business and Entrepreneurship. *See* Rule XXV.1 (o), Standing Rules of the Senate.

That said, I am advised that recently you directed a similar letter to the Financial Clerk of the Senate Disbursing Office. While noting that I did not hold my current position during the period in question, I nevertheless have no reason to believe that a description by the Senate Disbursing Office of its actions in this matter would differ markedly from the description I would provide were the House's internal administrative procedures within the jurisdiction of your Committee.

Sincerely,



Ed Cassidy
Chief Administrative Officer