

## Employee Acknowledgement for Notice of Marketplace

The Patient Protection and Affordable Care Act (ACA, or the federal law known as Health Care Reform) requires that you must be informed of the following information:

- About the existence of the Marketplace;
- That you may be eligible for a premium tax credit or cost-sharing reduction if the employer's plan does not meet certain requirements;
- That if you purchase coverage through the Marketplace, that you may lose the employer contribution toward the cost of the employer-sponsored coverage and that all or a portion of the employer's contribution may be excludable for federal income tax purposes;
- Include contact information for the Marketplace and an explanation of appeals rights.

All current employees must receive notification of the availability of state health insurance **Marketplace** (also called exchanges) by **October 1, 2013**.

New hires would be subject to actual hire date after October 1, 2013.

**The Marketplace Notice must be given to all employees even if:**

- You currently have employer-sponsored coverage;
- Waived coverage or have coverage elsewhere;
- If you are full-time, part-time and/or seasonal;
- If you are a COBRA participant.

You are hereby provided with a completed Marketplace Notice and support information to further your understanding of the existence of the Marketplace.

If you have any questions or concerns please to contact your benefits coordinator.

By providing your signature below, you hereby accept of receipt of the Marketplace Notice and support materials. In addition, you hereby acknowledge awareness of the existence of the Marketplace as an alternative option for health care coverage.

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Employee (Print Name)

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Employee Signature

Date: \_\_\_\_\_

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Benefits coordinator

Date: \_\_\_\_\_