

Affordable Care Act Acknowledgement

Please check the appropriate response:

I acknowledge that I have been offered Health Coverage by my employer which meets the minimum value standard for affordable care.

I acknowledge that I have NOT been offered Health Coverage by my employer or the coverage offered does NOT meet the minimum value standard for affordable care.

I acknowledge that my employer is NOT REQUIRED to offer me Health Coverage due to my employment status.

Candidate Full Legal Name:

Candidate Signature:

Date Completed:
