

AFFORDABLE HEALTH CARE ACT (ACA) ACKNOWLEDGEMENT

My signature hereon acknowledges that:

- A) I have received a copy of the “Options for Health Care Coverage” notice;
- B) I have read the notice;
- C) I understand that the Health Insurance Marketplace is available at www.healthcare.gov and can be used to locate and enroll for private health insurance;
- D) I may contact the Marketplace for further assistance at 1-800-318-2596;
- E) If I choose to enroll in a Marketplace plan,
 - 1. I am 100% responsible for premium costs;
 - 2. My payments for insurance coverage through the Marketplace are made on an after-tax basis;
 - 3. I may be eligible for a premium tax credit, which subsidizes the Marketplace insurance costs, depending on my household size, income, and whether I qualify for OGB insurance.
- F) If I have questions, I may contact the Human Resources Division at (225) 342-0880.

Employee Signature

Date

Printed Name

Agency Name

PLEASE RETURN

By Scan/Email to: mjoseph@crt.la.gov; or

By Fax to: (225) 342-7928; or

By Mail to: DCRT Human Resources, P.O. Box 94361, Baton Rouge, LA 70804-9361