



**OFFICE OF HUMAN RESOURCES**

---

**EMPLOYEE ACKNOWLEDGEMENT OF THE NEW HEALTHCARE INSURANCE MARKETPLACES**

I, \_\_\_\_\_ of the Office of \_\_\_\_\_  
Printed Name Department

Acknowledge that I have received materials and information on the new Healthcare Insurance Marketplaces established by the Patient Protection and Affordable Care Act and have been made aware of the following:

- **The existence of Marketplaces, including a description of the services provided by the Marketplaces and how you can contact Marketplaces to request assistance**
- **Eligibility for a premium tax credit if you purchase a qualified health plan through a Marketplace and your share of the total costs for benefits under the plan**
- **Potential loss of employer contribution and tax savings towards the cost of employer-sponsored coverage if you purchase a qualified health plan through a Marketplace**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date