GEORGIA VOCATIONAL REHABILITATION AGENCY

AFFORDABLE HEALTH CARE ACT (ACA) ACKNOWLEDGEMENT

Employee Acknowledgment
Health Insurance Marketplace

As an employer covered under the Fair Labor Standards Act (FLSA), Georgia Vocational Rehabilitation Agency (GVRA) is attentive to provisions of the Patient Protection and Affordable Care Act (ACA). Included within the provisions is the requirement that GVRA provide all employees with a copy of the "Options for Health Care Coverage" notice through the Health Insurance Marketplace and their rights in the Marketplace. Existing employees (on board as of September 30, 2013) must receive the notification on or before October 1, 2013, and employees hired on or after October 1, 2013, within 14 days of start date.

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, and income.

My signature below acknowledges that I have received timely notification of options that are available for me to obtain health insurance coverage from private providers, starting October 1, 2013, through the Health Insurance Marketplace.

Additionally, basic information about the health insurance coverage offered by the State Health Benefits Plan to eligible employees has been provided to me. I further acknowledge that I have received the name and contact information of a GVRA staff member should I need additional information to complete an application for coverage in the Marketplace.

Print Name Clearly: _____ Employee ID # _____

Employee Signature: _____ Date: _____

Department/Program _____

This completed form is to be maintained in the official personnel file. Revision 3/2015