

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 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.

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, seasonal or variable hour;

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

If you have questions or concerns please contact Human Resources, (573)-874-7235

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

Employee (Print Name)

Employee Signature

Date: _____