Acknowledgement Form

Section I: Non-ACA Acknowledgment

My signature below confirms that I have been made aware by my licensed insurance agent that the Short Term Medical or Hospital Indemnity Plan for which I am applying for will not satisfy compliance of the Affordable Care Act law.

ACA ENROLLMENT TAKES PLACE NOVEMBER 1-DECEMBER 15 OF EACH YEAR. SPECIAL ENROLLMENT PLANS AVAILBLE WHEN QUIFICATIONS ARE MET, ALL ARE SUBJECT TO CHANGE BY HEALTHCARE.GOV.

My agent has explained to me that the plan for which I am applying does not cover PRE-EXISTING CONDITIONS for 12 months unless otherwise indicated by my policy.

I have been made aware that my agent cannot give tax advice and that I should seek advice from a qualified professional regarding a state mandated penalty in CA, DC, MA, NJ, RI AND VT FOR 2022* for not enrolling in an ACA plan.

My reason for not enrolling in an ACA plan during open enrollment or during an SEP is one or all the following (please initial):

_____ I simply do not want an ACA plan.

_____ I cannot afford the premium.

_____ I do not qualify for a subsidy, therefore, making the ACA plan non-affordable.

_____ N/A-It is not open enrollment at the time of my application, nor do I qualify for a SEP.

I further understand that my agent will not submit my application to the insurance company for which I have applied with this acknowledgement and acceptance of such penalty which may or may not be applicable based upon my state or federal government.

Name: _____ Signature: _____ Date: _____

Section II: Declination of Cancer Coverage

I am aware by my agent's representation that the **ACA plan** will cover chemotherapy/radiation/ immunotherapy after any required out of pocket expenses by the specific ACA plan language (HSA, Bronze, Silver or Gold). Certain HSA's and Bronze plans will require meeting a larger out of pocket before any benefits will be paid. My agent has advised me of the out of pocket expenses and the need of cancer coverage such as income protection, however, I am electing not to purchase any additional cancer benefits at this time.

I have also been advised by my agent's representation that the **non ACA plan** I have purchased and been informed of has limited coverage on chemotherapy/radiation/immunotherapy and their recommendation is to add an additional cancer benefit to cover such costs, however, I am electing not to purchase any additional cancer benefits at this time.

Name: _____ Signature: _____ Date: _____