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I acknowledge that I have received the following information from South Central Louisiana Human Services Authority in regards to the Affordable Care Act:

* **The existence of Marketplaces, including a description of the services provided by the Marketplaces and how you can contact Marketplaces to request assistance**
* **You may be eligible for a premium tax credit if you purchase a qualified health plan through a Marketplace and SCLHSA’s share of the total costs of your benefits under the plan is less than 60%**
* **You may lose any employer contribution and tax savings towards the cost of employer-sponsored coverage if you purchase a qualified health plan through a Marketplace**
* **Form OMB No. 1210-0149, complete with general information regarding health plans offered by SCLHSA**
* **Categories of Dependents Eligible for OGB Coverage**

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**PRINTED NAME**

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**SIGNATURE DATE**