Miami-Dade County Ryan White Program

Decline Affordable Care Act Marketplace Enrollment Acknowledgement/Certification

I, _____, understand that I am eligible for, but I choose not
(Print Name)
to enroll in, an Affordable Care Act (ACA) Marketplace health insurance plan for the reason(s) stated immediately below:

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I understand that by choosing not to enroll in an ACA Marketplace health insurance plan I will be responsible for paying a federal penalty fee, known as an "individual shared responsibility payment," to the Internal Revenue Service (IRS). I further understand that Ryan White Program [Part A and the AIDS Drug Assistance Program (ADAP)] funds will **NOT** be used to pay/cover any federal penalty fees I may incur as a result of my failure to enroll in an ACA Marketplace health insurance plan.

_____ _____
Client Signature Date