**Health Insurance Enrollment Acknowledgement**

HIV/AIDS Bureau Policy Clarification Notice (PCN) #13-02 states that:

*“Grantees and subgrantees must assure that reasonable efforts are made to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their subgrantees are expected to vigorously pursue eligibility for other funding sources (e.g., Medicaid, CHIP, Medicare, other state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.) to extend finite RWHAP grant resources to new clients and/or needed services.”*

Ryan White funds in the New Orleans area are funds of last resort. The Office of Health Policy and AIDS Funding requires exploration of all possible health insurance options before accessing direct services.

Check of the following Health Insurance options available to clients:

❒ Employer ❒Medicaid ❒Medicare ❒LACHIP ❒Marketplace ❒Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Information** (Initial on line)

a. \_\_\_\_I have been advised that I am qualified for the health insurance with my employer and that I was recommended to enroll into workplace option.

b. \_\_\_\_I have been advised that I am qualified for the health insurance and that I was recommended to enroll in the Marketplace.

c. \_\_\_\_I have been advised that I am qualified for assistance with premiums, co-pays, deductibles and co-insurances.

d. \_\_\_\_I have been advised that refusal to enrolling in health insurance may result in a penalty fee.

**I have read and understand the Acknowledgement of Information and I am:**

a. \_\_\_\_ applying for the employer-based health insurance.

b. \_\_\_\_ applying for health insurance through the Marketplace.

c. \_\_\_\_ applying for health insurance with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

d. \_\_\_\_ NOT applying for the health insurance.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_