

Re-Assessment of Insured Status

Well Woman HealthCheck Program Acknowledgement Form

Beginning January 1, 2014, eligible U.S. residents are required to have health insurance. It is in your best interest to purchase health insurance to cover your medical needs. During Open Enrollment, health insurance is available to purchase through the online Health Insurance Marketplace.

	Initials
I am choosing <u>not</u> to purchase health insurance through the Marketplace.	

In doing so, I understand:

	Initials
The Well Woman HealthCheck Program only covers screening and diagnostic procedures for breast and cervical cancer.	
By not purchasing health insurance, I will pay a tax penalty.	
Each year I am without health insurance, my tax penalty will increase.	
I am responsible for paying for all of my healthcare needs outside of the services offered by the Well Woman HealthCheck Program.	
I will be enrolled in the Well Woman HealthCheck Program for <u>one year</u> effective from the date I enroll. I will need to re-enroll in the WWHP in <u>one year</u> or re-evaluate my opportunity for health insurance.	

I have considered health insurance options through the Health Insurance Marketplace. At this time, I am declining to purchase health insurance and am choosing to enroll in the Well Woman HealthCheck Program ("WWHP").

Signature of Applicant Date

Name of Applicant (Please print clearly)

Signature of WWHP Staff Date