



## Patient Protection and Affordable Care Act Acknowledgment

I hereby acknowledge my understanding of the following:

1. The health benefits coverage for which I am applying through TRH Health Plans is not covered by the federal Patient Protection and Affordable Care Act ("PPACA") and does not meet the current PPACA requirements for individual health insurance.

2. Under PPACA, individuals are required to purchase minimum essential coverage. Since the TRH Health Plans coverage for which I am applying is not covered by PPACA, and does not meet the PPACA requirements for individual health insurance, it is not considered minimum essential coverage.

3. Because this TRH coverage is not considered minimum essential coverage, I will be subject to a tax under the individual shared responsibility provision of PPACA.

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**Applicant Signature**

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**Date**