



**Division of Human Resources**

**NEW HEALTH INSURANCE MARKETPLACE COVERAGE  
OPTIONS AND YOUR HEALTH COVERAGE**

My signature below indicates that I have received a copy of “*New Health Insurance Marketplace Coverage Options and Your Health Coverage.*”

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Employee ID*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date Signed*

\_\_\_\_\_

*Job Title*

\_\_\_\_\_

*Work Location*