

## **Health Insurance Ineligibility Acknowledgement**

I understand that I am NOT currently eligible to enroll in a Lesley University-sponsored health plan because I have not satisfied the measurement period requirement discussed below. Lesley offers a plan that meets the Minimum Essential Coverage and Affordability provisions under the federal Affordable Care Act. This notice is an acknowledgement that I have received a **Notice of New Health Insurance Marketplace Coverage Options**.

I realize that should my credited hours of employment result in my being credited 17.5 hours or more per week during the designated measurement period from December 1 through November 30, I may in the future be eligible for University-sponsored health insurance effective January 1<sup>st</sup> of the calendar year following that designated measurement period, assuming I am still employed by Lesley on that date.

I have been informed that I may enroll in the state or federal health insurance Marketplace or Exchange and that I may or may not be eligible for a government subsidy

I have read and understood the above statements.

---

Employee Name (print)

---

HR/Lesley Representative (print)

---

Employee Signature

---

HR/Lesley Representative Signature

---

Date

---

Date

---

Employment Hire/Start Date