## The University / Montana We stern

Marketplace Insurance Coverage	
By signing below, I acknowledge that I h	ave received the notification explaining
the Health Insurance Marketplace and the	e Part A General Information that is part
of the Affordable Care Act.	
Print Name	
Signature	Date
***********	************
Do you currently work or have you work of the Montana University System?	ed in the past 26 weeks for any other unit
Yes	<i>No</i>
If yes, which campus did you work for?	