

**REQUEST TO DECLINE HEALTH INSURANCE COVERAGE AND CONTINUE RECEIVING  
NORTH DAKOTA RYAN WHITE PART B PROGRAM ASSISTANCE**

If you decide not to enroll in health coverage for which you are eligible, there may be serious consequences.

- Under the Affordable Care Act, if you don't have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year: from 1% of income (or \$95 per adult, whichever is higher) in 2014 to 2.5% of income (or \$695 per adult) in 2016.
- Some people are exempt from the ACA fee for failing to enroll in health coverage. For example, if you do not make enough money to file a tax return, you are exempt from the fee. In this case, you need to sign the ND Ryan White Program Part B Income Tax Verification Form and provide a copy of the Certificate of Exemption from the Internal Revenue Service (IRS) to ND Ryan White Program.
- Ryan White funding is limited, and may not cover the entire cost of your medical care related to HIV. Also, emergency room visits, in-hospital stay, ambulance services, and medical care not related to HIV are not covered by Ryan White Program, but would be covered once enrolled in health coverage.
- If ND Ryan White Program does not have sufficient resources to meet client need at any point in the future, people who refuse to enroll in health coverage for which they are eligible will be the first to be placed on an ADAP waiting list or to have their ADAP assistance suspended or cancelled.

Initial all of the following items:

- \_\_\_\_\_ I choose not to enroll in Medicaid or other forms of health insurance although I understand I may be eligible for such coverage.
- \_\_\_\_\_ I request to continue receiving medications and services from the ND Ryan White Program.
- \_\_\_\_\_ I understand that my refusal to enroll in Medicaid or other forms of health insurance could have serious consequences, including the payment of a fee to the Internal Revenue Service, which RW Program will not cover.
- \_\_\_\_\_ I understand that there is a risk that my health care provider(s) may refuse to continue to provide me with health care services due to my choice not to enroll in health coverage for which I am eligible. I will not hold ND Ryan White Program responsible for correcting or compensating for these actions by my health care provider(s).
- \_\_\_\_\_ I agree to request a Shared Responsibility Exemption instructed to do so by the Ryan White Program, and to promptly provide a copy of this certificate to RW after I obtain it. I understand that my failure to request or supply a copy of this certificate may result in the cancellation of my RW/ADAP assistance.
- \_\_\_\_\_ I understand that my choice not to enroll in health coverage increases the likelihood that I could be placed on an ADAP waiting list or lose my Ryan White assistance at some point in the future.

\_\_\_\_\_  
Enrollee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date