

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street Hartford, Connecticut 06112 Ph: (860) 757-4700 Fax: (860) 722-6851 www.hartford.gov



BAKER SALSBURY
Health Director

AFFIDAVIT OF UNDERSTANDING FOR INDVIDUALS ENROLLED IN A FEDERALLY FACILITATED MARKETPLACE (FFM)
HEALTH PLAN

BEFORE INITIALING AND SIGNING, READ THIS DOCUMENT CAREFULLY AND BE SURE YOU UNDERSTAND.

If you have any question or concerns, please call ACT at 860-247-2447 or your case manager.

As a Hartford Ryan White Part A client receiving health insurance premium and cost sharing assistance with my enrollment in a Federal Facilitated Marketplace (FFM) health plan; I understand I am required to give to ACT a Hartford Transitional Grant Area Ryan White Part A funded agency any excess refund received after I file my Federal Income Tax with the Internal Revenue Services (IRS) for the previous income tax reporting year. The amount that I owe the Ryan White/ACT program will be found on the line 26 of Form 8962, which is filed with my Federal Income Tax to the Internal Revenue Service (IRS). I understand the amount subject to return is due to the under-reporting of my annual income to the marketplace. In addition, I understand the amount due to RYAN White/ACT may be less than the entire Federal Income Tax IRS return I receive or may be in addition to other amount(s) that I owe to the IRS. I also understand that if I do not submit the applicable portion of the Federal Income Tax IRS return issued in a timely manner, I may lose my Ryan White/ACT coverage that will be discontinued until the over-payment amount indicated on line 26 of Form 8962 has been received by the Ryan White Part A/ACT.

Please remit the applicable over-payment portion shown on line 26 of form 8962 via check or money order "payable to ACT" to:

ACT, Accountant
110 Bartholomew Ave
Hartford, CT 06106

Initial: ______

I have completely read this affidavit of understanding. By signing, I agree to the facts and conditions contained herein.

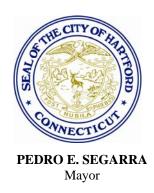
Applicant signature: ______

Case manager signature: ______

Date signed: ______

References: Federal Marketplace and the Internal Revenue Services (IRS) information can be found at

http://www.irs.gov/Affordable-Care-ACt/Affordable-CARE-Act-Tax-Provisions



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To Federal Marketplace (FFM) Enrollees

Subject: Mandatory Filing – Federal Income Tax Return for 2014

Please note, if you were enrolled in a Federally Facilitated Marketplace (FFM) insurance plan during 2015, you <u>must</u> file federal taxes this year before the April 15, 2015 deadline. Many people who signed up for insurance through the FFM received premium assistance and tax credits to lower the cost of the insurance. If Ryan White helped with your insurance this year, you must file 2015 taxes. Federal taxes are required for future premium assistance and tax credits. These credits help keep program costs lower and allow agencies to expand services for clients in the community.

There are many free and low cost programs that can help you prepare your tax return this year. Your case manager can help connect you to these free and low cost tax programs. Please see the attached Tax Checklist for information on what to bring to your tax preparation appointment. Your Case Manager will be contacting you soon to follow up.

If you have any questions about whether you need to file a tax return, or how to begin this process, please contact your case Manager. You can get additional information on tax preparation at www.healthcare.gov/taxes/.

Please review, initial, sign, return the enclosed affidavit to Ryan White Part A health insurance premium, and cost sharing program at ACT prior to April 15, 2016. You may also return the enclosed affidavit to your case manager and request that s/he return this to Ryan White/ACT prior to April 15, 2016 deadline.