

**Miami-Dade County Ryan White Program**  
**Decline Affordable Care Act Marketplace Enrollment**  
**Acknowledgement/Certification**

I, \_\_\_\_\_, understand that I am eligible for, but I choose not  
(Print Name)  
to enroll in, an Affordable Care Act (ACA) Marketplace health insurance plan for the reason(s)  
stated immediately below:

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I understand that if I decide not to sign up for a health insurance plan from the ACA Marketplace for 2025, I won't have to pay any penalty to the IRS. I also understand that funds from the Ryan White Program (Part A) and the AIDS Drug Assistance Program (ADAP) can't be used to cover any tax penalties or fees I might have been charged in the past.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date