



Affordable Care Act Attestation Form

Client Name *

First Name Last Name

Birth Date *

Month Day Year

Acknowledgements & Consents

- Kyle Nelson of United Life Brokers, LLC Newton, NJ has my express permission to access my Personally Identifiable Information for the purpose of qualifying me for subsidies toward my health insurance, and to apply for insurance coverage. I understand this permission is indefinite, unless I notify otherwise.
- I may rescind this consent at any time verbally, via email, or written mail. I may also rescind this consent via the Get Covered NJ website.
- I have been provided with a Privacy Notice/Authorized Function Notice.
- The information I have provided to United Life Brokers, LLC has been reviewed by me, the applicant.
- The information I provided, and then reviewed, is accurate to the best of my knowledge.
- I understand that I must file a tax return before April 15, and that extensions are not allowed.
- I understand that failure to file a tax return on time will result in being forced to pay back my health insurance subsidies.
- I understand that if I underreport my income, I may be asked to pay back some, or even all of my health insurance subsidies.

"I am signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under Federal Law if I intentionally provide false information. I further attest that I have read the above acknowledgements"

Date Signed *

Month Day Year

