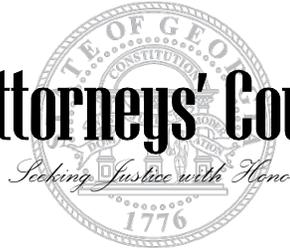


Prosecuting Attorneys' Council of Georgia



AFFORDABLE CARE ACT ACKNOWLEDGEMENT STATEMENT

My signature below signifies that I have received a copy and have read the Department of Labor's Model Notice regarding the New Health Insurance Marketplace Coverage Options.

Employee Signature

Date

Employee Name (Please print)

Office Manager /HR Rep Signature

Date