DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-01845 (10/2016)

STATE OF WISCONSIN
AIDS/HIV Program
PHONE: 1-800-991-5532
FAX: 608-266-1288

REQUEST TO REMAIN ON THE WISCONSIN AIDS DRUG ASSISTANCE PROGRAM (ADAP) AND DECLINE ENROLLMENT IN HEALTH INSURANCE

Please review the following information:

The Wisconsin AIDS Drug Assistance Program is supported with federal funds from the Ryan White HIV/AIDS Program. Federal law requires that all Ryan White funds be used as the "payer of last resort." This means if individuals are using Ryan White services (like ADAP) but are eligible for health insurance they must enroll in health insurance before Ryan White funds can be used to assist them.

If you are eligible for BadgerCare or private health insurance and choose not to enroll in that coverage, there may be serious consequences.

- The Affordable Care Act (ACA) requires all Americans to have health insurance or pay a fine when they file their taxes. The fine increases each year: from 2% of income (or $325 per adult, whichever is higher) in 2015 to 2.5% of income (or $695 per adult) in 2016. ADAP will not cover the cost of the fine.

- Some people may be exempt from paying the fine. For example, if you do not make enough money to file a tax return, you are exempt from the fine. However, being exempt from the fine does not automatically guarantee continued access to medications through ADAP. To continue receiving ADAP assistance, you must obtain a Certificate of Exemption from the Federal Health Insurance Marketplace or Internal Revenue Service (IRS) and provide a copy to ADAP.

- If Wisconsin ADAP does not have sufficient funds to meet client need at any point in the future, people who refuse to enroll in health insurance for which they are eligible will be the first to have their ADAP assistance suspended or cancelled.

Please initial each of the following statements to confirm that you have reviewed the above information and understand the consequences of not enrolling in health insurance for which you are eligible:

_____ 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 assistance from Wisconsin ADAP.

_____ I understand that my refusal to enroll in Medicaid or other forms of health insurance could have serious consequences, including the payment of a fine to the Internal Revenue Service, which ADAP will not cover.

_____ I agree to request a Certificate of Exemption from the Federal Health Insurance Marketplace and/or the Internal Revenue Service if instructed to do so by Wisconsin ADAP, and to promptly provide a copy of this certificate to ADAP 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 ADAP assistance.

_____ I understand that my choice not to enroll in health insurance increases the likelihood that I could lose my ADAP assistance at some point in the future.

Last Name	**First Name**	Middle Initial	**Birth Date (mm/dd/yyyy)**

SIGNATURE – Client	**Date Signed**

Return completed form to Wisconsin ADAP by mail or fax

Mailing Address: **Division of Public Health**
Attn: ADAP
PO Box 2659
Madison, WI 53701

Fax Number: 608-266-1288
Phone Number: 1-800-991-5532