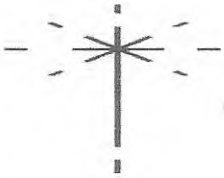
OPEN REGISTRATION



ONE DAY ONLY! **IT'S NOT TOO LATE!**

AFFORDABLE HEALTH CARE ACT

January 9, 2014
3:00 p.m. to 8:00 p.m.

"Come any time during these hours"

FRIENDSHIP BAPTIST CHURCH

NEED A RIDE

154 Gaston Ave. Garfield, N.J.

NEED A RIDE

(973) 546-0950

We committed ourself to inform and educate our community about the Affordable Care Act. Experts will be present to answer all your questions and concerns and help you to enroll for A.C.T.

Pastor Arthur Bryant

The Affordable Care Act Enrollment is Here

Learn about the Plans, Costs and Companies Available to you **BOTH ON AND OFF** the Healthcare Exchange. You will have the opportunity to enroll safely and securely with a Licensed and knowledgeable agent that **can give you advice** and guide you through the **40+** Available Plans in New Jersey at no extra cost to you. You will also have the unique opportunity to enroll in many Ancillary Benefits that will enhance your coverage and fill in some of the gaps such as Dental, Vision, First Dollar Hospital, Life Insurance, Catastrophic Illness, Disability and more.

Enrollment Timeline

Enroll by December 23rd .....You're Coverage Starts **January 1st, 2014**
Enroll between December 24th and January 15th .....You're Coverage Starts **February 1st, 2014**
Enroll between January 16th and February 15th .....You're Coverage Starts **March 1st, 2014**
Enroll between February 16th and March 15th .....You're Coverage Starts **April 1st, 2014**
Enroll between March 16th and March 30th ..... You're Coverage Starts **May 1st, 2014**

1) Do you Have Medicare, Medicaid, VA, Employer Health Insurance or are you Incarcerated? ..... Yes (STOP you are not eligible)

No ⇩

2) Do You Live in The United States and Are you a Citizen, National or are you Lawfully Present? ..... No (STOP you are not eligible)

Yes ⇩

3) Is your Household Income Under 138% of the Federal Poverty Level (*see below) ..... Yes (STOP YOU MAY NOT be eligible for the Affordable Care Act but you may be eligible for Medicaid & CHIP)

No ⇩

Congratulations You Should be Eligible

***138% of the Federal Poverty Level (after 10/01/2013)**

# of Persons	1	2	3	4	5	6	7	8
Income	$15,856	$21,403	$26,951	$32,499	$38,046	$43,594	$49,141	$54,689

INFORMATION THAT YOU NEED IN ORDER TO ENROLL

1) **Name, sex, date of birth, social security number or immigration document number and the home address of you, your spouse and all of your dependent children in your household.**
2) **You total household income information** (documentation is not needed you can calculate the amount at home and tell the enroller). **Your household income includes: Wages, Salaries, Tips, Net Income from self-employment or your business, Dividends, Unemployment income, Social Security income, Rental Income, Interest, Capital Gains, Alimony, Annuities, and Some Pensions.**
3) **Any current health coverage information on you and your household.**

Important!!! Keep all of your personal information with you at all times and do not leave any information or documents with anyone. Your information is needed by the enroller ONLY to enroll you in the plan and information should be shared ONLY with your enroller. After your enrollment is completed make sure you take any personal information and personal documents with you. Do not leave anything at the enrollment site. Your privacy is of the utmost importance to us.

Location: FRIENDSHIP BAPTIST CHURCH OF GARFIELD
154 GASTON AVE. GARFIELD, NJ 07026/ (973) 546-0950
Date: JANUARY 9, 2014 Time 3:00 PM-8:00 PM