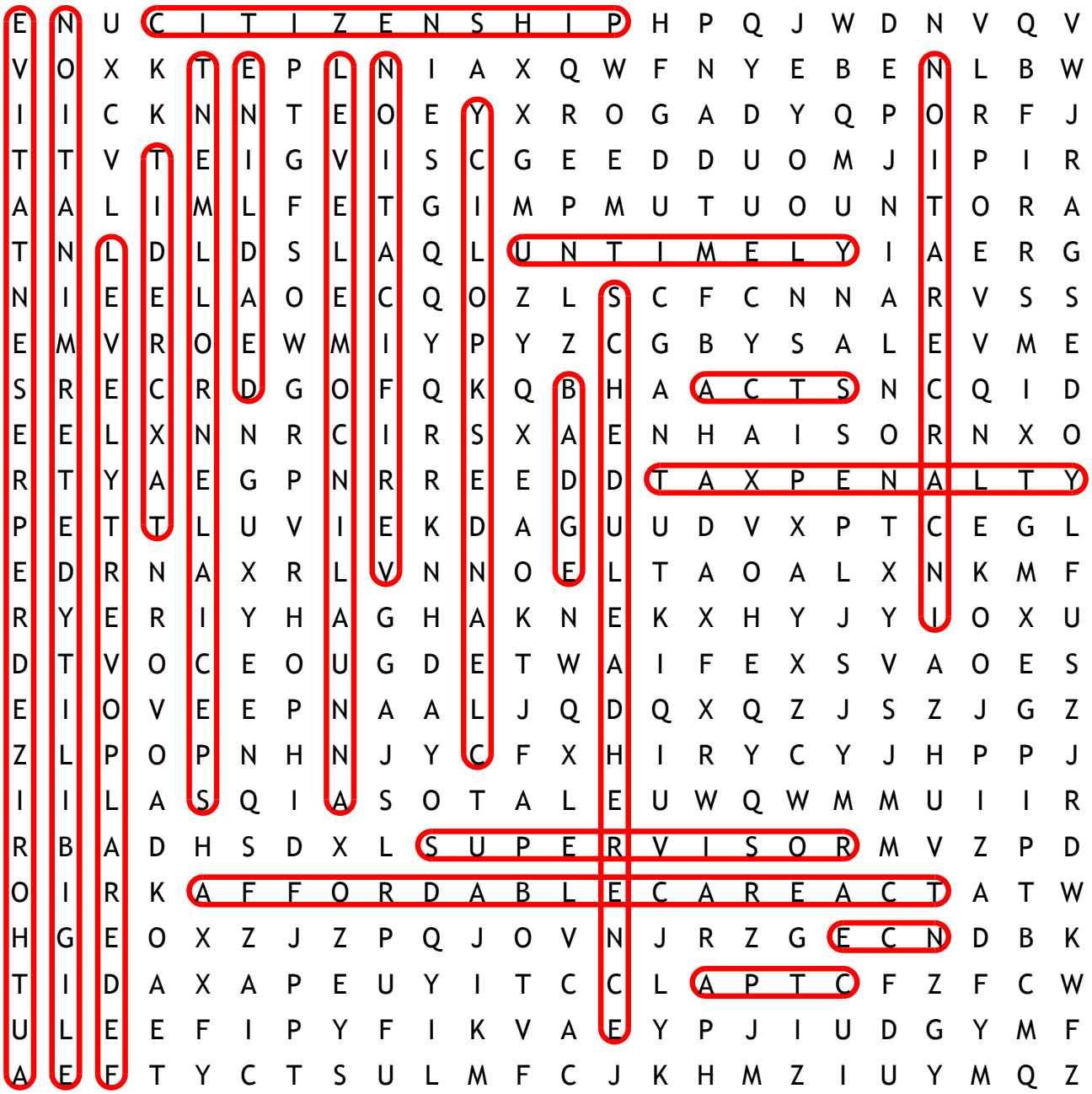
Name: _____ Date: _____

Affordable Care Act



Eligibility Determination
Annual Income Level
Schedule Adherence
Verification
supervisor
Untimely
APTC
Authorized Representative
Affordable Care Act
Clean Desk Policy
Citizenship
Tax Credit
Badge
ECN
Federal Poverty Level
Special Enrollment
Incarceration
Tax Penalty
Deadline
Acts