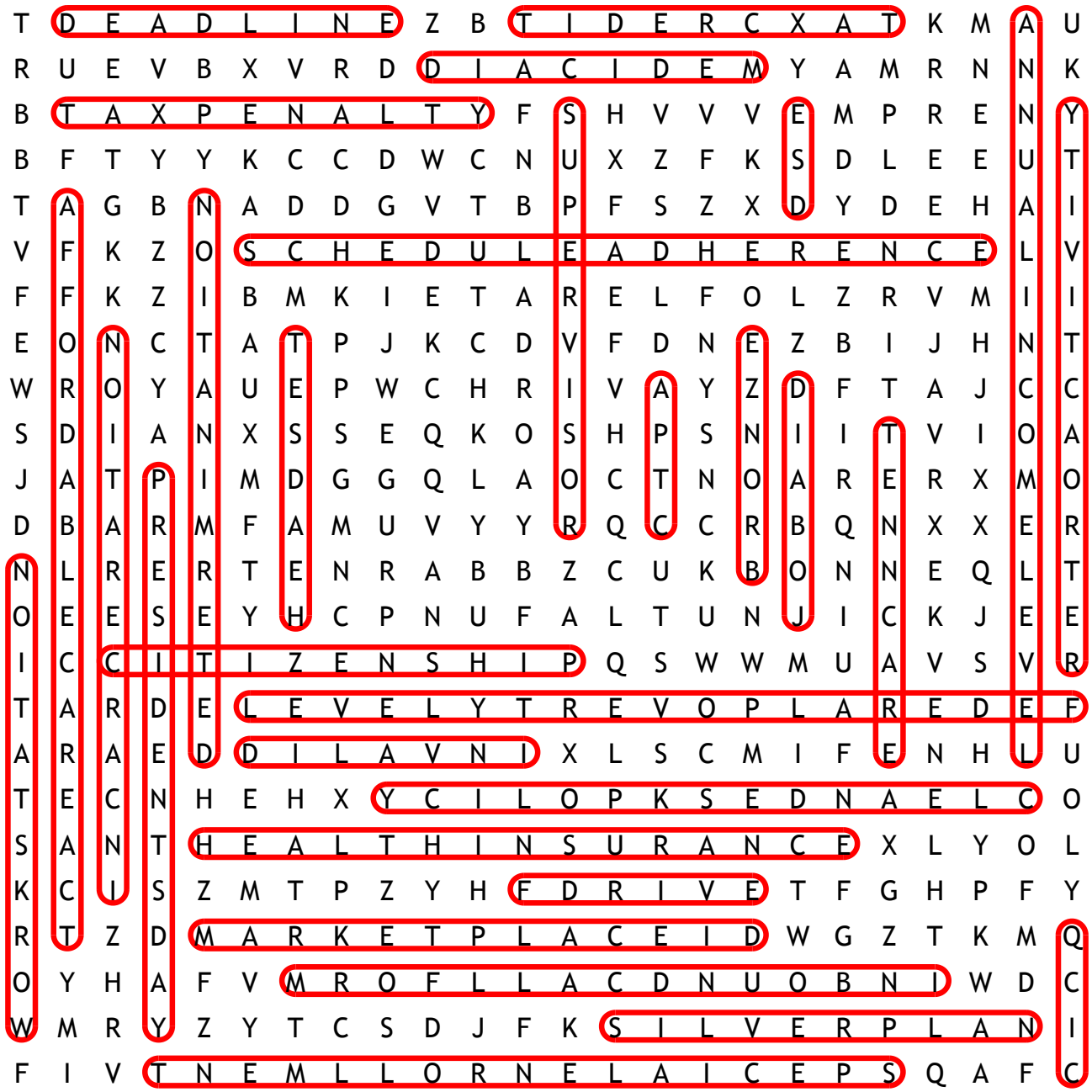
Name: _____ Date: _____

Affordable Care Act



Federal Poverty Level
Schedule Adherence
Retro Activity
Determination
Citizenship
Deadline
Headset
APTC

Annual Income Level
Inbound Call Form
Presidents Day
Work Station
supervisor
Medicaid
F Drive
ESD

Affordable Care Act
Clean Desk Policy
Marketplace ID
Silver Plan
Tax Credit
Job Aid
Bronze

Special Enrollment
Health Insurance
Incarceration
Tax Penalty
Tenn Care
Invalid
CICQ