

Acknowledgement of Paper Employee Benefit Notices

Please return to Human Resources within 30 days of _____

This acknowledgment applies to those who requested paper copies of the Employee Benefit Notices.

I, _____ hereby confirm I have received the following Employee Benefit Notices at _____ . These include:

- Summary of Benefits and Coverage (SBC)
- Children's Health Insurance Program (CHIP)
- Women's Health and Cancer Rights Act (WHCRA) of 1998
- Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985
- Special Enrollment Notice
- New Health Insurance Marketplace Coverage Options Notice
- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- The Genetic Information Nondiscrimination Act (GINA) Booklet
- Newborns' and Mothers' Health Protection Act Notice
- Summary Plan Description (SPD)
- Plan Amendments
- Summary of Material Modification (SMM)
- Summary of Material Reduction (SMR)

My signature below serves as a valid acknowledgement of the provided Employee Benefit Notices.

Name (Please Print): _____

Employee ID: _____ Date: _____

eSignature: _____

Email address: _____

Please forward form to Human Resources