

## Acknowledgment of Receipt Summary and Benefits of Coverage Notification and Enrollment Package

I have received the following information from my employer [COMPANY NAME]

Employee Name: \_\_\_\_\_

By signing this document, you recognize that you have received the Summary of Benefits and Coverage (SBC) for the time period listed below along with a benefits enrollment package for the current plan year. If you require copies or additional information, you may request it at any time from the contact listed below.

These packages are available in both electronic and paper form. It is recommended that you keep a copy of this form for your records. A copy of this form will also be kept in your employee file for future reference.

\_\_\_\_\_ I have received the SBC Notification for all possible medical benefits for covering period

\_\_\_\_\_ I have received an enrollment package containing all Benefit, Rate and Enrollment Applications.

\_\_\_\_\_ I acknowledge that I may receive additional copies of the SBC Notification during normal business hours. You may also receive a copy from Human Resources.

\_\_\_\_\_ I have received a notice of Marketplace Coverage Options.

\_\_\_\_\_ I have received notification of the CHIP program.

\_\_\_\_\_ I acknowledge that I have received WHCRA notice.

\_\_\_\_\_ I have received notification of Michelle's Law.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_