

Acknowledgement of Receipt Summary and Benefits of Coverage Notification and Enrollment Package

I have received the following Information from my Employer: DNC

Employee Name: _____

By signing this document, you recognize that you have received the Summary of Benefits and Coverage (SBC).

If you require copies or additional information, you may request it at any time from the contact listed below. This information is 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 form for future reference.

- I have received the SBC Notification for all possible medical benefits.
- I have received information regarding all benefits offered by DNC.
- I acknowledge that I may receive additional copies of the SBC Notification during normal business hours from:
 - John Nunez, HR Manager
 - Ana Nunez, Executive Director
 - Freddy Nunez

Employee's signature: _____

Date: _____