

Acknowledgement of Receipt

I hereby acknowledge that I have received a copy of the following Notifications from my employer.

- HIPAA Privacy Notice
- Health Insurance Marketplace Coverage Options Notice, and the
- Summary of Benefits and Coverage for the 2018 Fund Year

I also acknowledge that I may also access these Notifications at:

<http://www.arml.org/services/mhbf/>

Employee's Name (please print)

Employee's Signature

Date

Do not send to MHBF - this must be returned to your employer.