Acknowledgment of Receipt for the
ARC OF BUTTE COUNTY WELFARE BENEFIT PLAN
Summary Plan Description

Each plan participant must acknowledge their receipt of the Welfare Benefit Plan Summary Plan Description by filling in the information and signing below. Please return to ARC OF BUTTE COUNTY.

I____________________________________________ (name of plan participant) acknowledge receipt of the ARC of Butte County Welfare Benefit Plan Summary Plan Description.

Signed: ________________________________________________________

Date: ________________________________________________________