

**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: _____