

CERTIFICATE OF RECEIPT

I certify that I have received the following on the date indicated:

_____ Information on how to access the County Health Pool Medical Plan Document and Summary Plan Description; available at www.ctsi.org

_____ Information on how to access the County Health Pool Dental Plan Document and Summary Plan Description (if applicable); available at www.ctsi.org

_____ Vision Service Plan Summary Description (if applicable); available at www.ctsi.org

_____ Notices; HIPAA; Special Enrollment Period; Women's Health and Cancer Rights Act of 1998; Notice on the New Health Insurance Marketplace; and Privacy Practices; some are also available at www.ctsi.org

_____ Temporary ID Card(s);

_____ County Health Pool (Anthem) Life and AD&D Certificate; and County Health Pool (Anthem) Supplemental Life Information (if applicable)

_____ COBRA explanation entitled "Your Statement of Rights Under Federal Law." This statement also specifies -- *Very Important Notice*.

Employee Name (print)

Signature (Employee)

Date

Signature (Spouse)

Date

