Athena Services International

BENEFIT PACKET RECEIPT ACKNOWLEDGEMENT FORM

The Company offers benefits including medical insurance, according to eligibility rules that are based on job assignment and employment status. Please check the appropriate box below with regard to benefit offerings:

Part-Time Employees

☐ I am a part-time employee (less than 30 hours per week) and I am not eligible for benefits at this time. I understand that if my status changes and I become eligible for benefits that I will be provided with the appropriate information at that time.

Full-Time Employees

☐ I have received the Enrollment Forms for benefits which can allow me to enroll in benefits (including medical insurance with United Health Care). I understand that it is my responsibility to return the forms within the provided timeframe in order to enroll for benefits.

☐ I have received a copy of the Benefit Packet which outlines the benefits (including medical insurance) for which I am eligible through the Company. I understand that I am required to read and familiarize myself with the information contained in the packet. I am also required to return this Benefit Action Form for enrollment to Alisa Silverman within the timeframe communicated in the Benefit Package.

☐ I understand that based upon my collective bargaining agreement, I will be offered benefits through the union. I acknowledge that if I have any questions, I will need to contact the union benefit administrator directly.

My health benefits start the first of the month following 30 days of full-time employment unless client contract, collective bargaining agreement, and/or state law is otherwise applicable.

I understand that I can only make changes to my benefit election within my new hire or status change eligibility waiting period or during the annual open enrollment unless I have a Qualifying Life Event (QLE) as detailed in the benefit packet. I understand that in most cases, I only have 30 days from the date of the QLE to notify the company and make any necessary changes in my elections.

If I have any questions as to the medical insurance or this form, I can contact Alisa Silverman at 301-547-3131 for further information and explanation.

I hereby acknowledge receipt of materials related to the Company's offer to me of the above-named health plan. I understand and agree that:

a. My signature below is only to acknowledge receipt of documents and is not for purposes of actually enrolling in a health plan; and,

b. To enroll in health benefits I must take additional action as described in the documents.

_____

Employee Name (Printed)

_____ _____

Employee Signature Date