

## Acknowledgement of Receipt of Required Notices

I hereby acknowledge receipt of the documents listed below from the LANL Benefits Office. I further understand that I am responsible for reviewing the governing documents, including but not limited to the Summary Plan Description (SPD) and applicable benefit booklets, which can be found at [benefits.lanl.gov](http://benefits.lanl.gov).

- Women's Health and Cancer Rights Act (WHCRA) Notice
- Newborns' and Mothers' Health Protection Act Disclosure
- USERRA Notice
- Medicare Part D Notice of Creditable Coverage
- Your ERISA Rights
- Continuation Coverage Rights Under COBRA
- Summaries of Benefits and Coverage (SBCs)
- Notice Regarding Wellness Program
- Nondiscrimination and Accessibility Requirements Notice
- Special Enrollment Notice
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- Information About Health Coverage Offered by Your Employer
- Paid Sick Leave Notice by State

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Printed Name

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Signature

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Date