

WESTERN AREA SCHOOL HEALTH BENEFIT PLAN
SUMMARY OF BENEFITS AND COVERAGE
RECEIPT AND ACKNOWLEDGEMENT FORM

The undersigned hereby acknowledges receipt of the Western Area School Health Benefit Plan White Plan Summary of Benefits and Coverage (SBC) and, if covered by the Plan, the undersigned (and his/her covered dependents) agrees to be bound by the terms thereof.

Signature _____ Date _____

Print Name _____