

**Acknowledgment of Receipt for the
ACROBAT OUTSOURCING 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 ACROBAT OUTSOURCING.

I SELVANA FOMA _____ (name of plan participant)

acknowledge receipt of the Acrobat Outsourcing Welfare Benefit Plan Summary Plan Description.

Signed: Selvana Foma

Date: 11/14/18