

**Acknowledgment of Receipt for the
S-3 GROUP HEALTH AND 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 S-3 GROUP.

I _____ (name of plan participant)
acknowledge receipt of the S-3 Group Health and Welfare Benefit Plan Summary
Plan Description.

Signed: _____

Date: _____