

**Summary Plan Description
Employee Acknowledgement Form**

Name _____

Company: THE RESOURCE CONNECTION

I hereby acknowledge receipt of my personal copy of the Summary Plan Description (SPD) for THE RESOURCE CONNECTION Health and Welfare Plan.

The information in this SPD is subject to change. I understand that changes in the plan may supersede, modify, or eliminate the information summarized in this booklet. As the company provides updated Summary Plan Descriptions or Summary of Material Modifications, I accept the responsibility for reading about the changes.

I, _____, hereby state that I have received a copy of the SPD. I acknowledge that I have read and understand these policies and procedures. Please sign and date below and return completed form to HUMAN RESOURCES.

Signature _____ Date _____