

**WESTERN AREA SCHOOL HEALTH BENEFIT PLAN
RED PLAN BOOKLET, EFFECTIVE OCTOBER 1, 2019
RECEIPT AND ACKNOWLEDGEMENT FORM**

The undersigned hereby acknowledges that the Western Area School Health Benefit Plan Red Plan Booklet as amended from time to time (the "Plan") is available on the Consociate Health website at www.consociatehealth.com and that, if covered by the Plan, the undersigned (and his/her covered dependents) agrees to be bound by the terms thereof. The undersigned further acknowledges and agrees that the Plan may be amended in the future and that the Plan, as amended, is binding from and after the date the Plan amendment is posted on the website, subject to the amendment's effective date. The undersigned further acknowledges and agrees that it is the responsibility of those covered by the Plan to check the website for Plan changes and to review the terms of the Plan prior to the receipt of medical care.

Signature _____ Date _____

Print Name _____