

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

The undersigned hereby acknowledges receipt of the Western Area School Health Benefit Plan Red Plan Booklet as amended (the "Plan") 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 _____