

EMPLOYEE BENEFITS ACKNOWLEDGEMENT FORM

This is to provide you with information regarding our Employee Benefits on the Jacksonville University intranet. Please go to:

<http://www.ju.edu/humanresources/Pages/EmploymentBenefits.aspx>

On this website you will find cost and details to assist you with decisions regarding our benefit choices and links to the websites of our vendors. Important documents that can also be located include, but are not limited to:

- Cafeteria Plan – Summary Plan Description
- Certificate for Life Insurance
- Certificate for Short Term Disability
- Certificate for Long Term Disability
- Retirement: RA and SRA Summary Plan Descriptions
- Retirement: Annual Disclosures – Plan & Investment Notice
- Retirement: Qualified Default Investment Alternative (QDIA)
- Medical: Summary of Benefits and Coverage
- Medical: Health Insurance Marketplace Coverage Options

This is to acknowledge that I have received directions for accessing the various important documents pertaining to the benefit options for the employees of Jacksonville University. I hereby acknowledge that it is my responsibility to review the documents immediately and periodically, as needed, so that I am familiar with the plan provisions of the benefits offered by Jacksonville University. This is to confirm that I have either received a hard copy of these documents or have been provided access to these on line.

I understand that these documents do not serve as an express or implied contract or promise guaranteeing any term or condition of employment or continued employment with the University for any period. I understand that these documents and the regulations on which they may be based, are subject to additions, modifications, deletions and other changes, and that the University may not be able to provide advance notice of the change. Because of this, I further understand that I should contact the Office of Human Resources to obtain current information regarding the status of any particular policy, procedure or practice.

Signature of Employee

Date

Name of Employee (Please Print)