



Concord Crossroads, LLC
Certified Service Disabled Veteran Owned Business

**Acknowledgment of Receipt for the
CONCORD CROSSROADS, LLC HEALTH AND WELFARE 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 CONCORD CROSSROADS, LLC.

I _____ acknowledge receipt of the Concord Crossroads, LLC Health and Welfare Plan Summary Plan Description.

Signed: _____

Date: _____

