

Andrews University Summary Plan Description Employee Acknowledgment Form

I, _____, hereby state that I understand that via the Andrews University Human Resources Benefits website, bswift, www.andrews.edu/go/mybenefits, I have access to the following SPD(s):

- Employee Benefit Plan
- Defined Contribution Plan 403(b)
- Basic, Supplemental, Accidental Death and Dismemberment Plans

I understand that it is my responsibility to read the SPD(s) and become familiar with its policies, benefits and employee responsibilities. The information in the SPD(s) is subject to change. I understand that changes in the plan(s) may supersede, modify or eliminate the information summarized in this booklet. As the company provides updated Summary Plan Description or Summary of Material Modifications, I accept the responsibility for reading about the changes.

I have received a copy of the Employee Health Plan SPD. I acknowledge that I have read and understand these policies and procedures.

Signature of Witness

Signature of Employee

Printed Name

Date