

Health Insurance Acknowledgement Form **YEAR: 2022**

This form MUST be completed and returned.

Employer Name: Third Generation or GlennhavenManagement Company, Inc.

FEIN: 351641753

Employer Address: PO BOX N Michigan City, IN 46361

Did you offer qualified, affordable employer-sponsored health insurance to this employee that met Minimum Essential Coverage and Minimum Value requirements? Yes X No ___

Employee Information

INITIAL I understand that if I fail to meet the enrollment deadline, I will forfeit my opportunity to obtain insurance coverage through my employer for a period of one year unless I meet a life qualifying event. **I further understand that if I have any questions I may call our Insurance Provider directly at 800-730-8445.** I may also call our HR Manager at 219-878-2619.

Verify your current email address: _____

CHECK THE BOX THAT APPLIES TO YOU

I WILL ENROLL IN COVERAGE OFFERED TO ME BY THIRD GENERATION OR GLENNHAVEN MANAGEMENT ON THE www.MyMcDBenefits.com WEBSITE BY _____.

I am declining Health Coverage offered to me by Third Generation or Glennhaven Management Company, Inc. because:

- I AM COVERED UNDER ANOTHER PLAN**
I am currently enrolled in health coverage through another plan (e.g. Public Exchange, another employer, a parent etc.)
- I am not enrolled in any health coverage and I do not accept this offer of coverage.**
- I do not wish to disclose.**

I understand that I may not change my benefit elections until the next annual Open Enrollment unless I experience a qualified change in status (as defined by the Plan).

I understand that I am electing to decline coverage under the Plan, I have had sufficient time to consider the waiver and I agree that I will not hold Third Generation or Glennhaven Management Company, Inc. responsible if it turns out that declining coverage under the Plan was not to my advantage.

Your Name (printed) _____

Signature _____ Date _____

Owner/Operators are exclusively responsible for complying with all applicable statutes, laws, and regulations applicable to their restaurant(s). Owner/Operators are responsible for all employment related matters in their restaurant(s) and exercise complete control over the work, working conditions, and terms and conditions of employment for employees in their restaurants.