

Compliance Notice Receipt Form

Company Name	
Date	

I acknowledge that on the date above I have received the annual compliance notices distributed by employer. The notices distributed are as follows.

- ✓ HIPAA Notice of Privacy Practices
- ✓ Newborn's and Mothers' Health Protection Act
- ✓ HIPAA Special Enrollment Rights Notice
- ✓ Genetic Nondiscrimination
- ✓ Qualified Medical Child Support Order
- ✓ Women's Health and Cancer Rights Act (WHCRA) Notice
- ✓ Women's Preventive Health Benefits Notice
- ✓ Medicare Part D Notice
- ✓ Uniformed Services Employment and reemployment Rights Act (USERRA)
- ✓ Mental Health Parity and Addiction Equity Act of 2008 Notice
- ✓ COBRA
- ✓ Children's Health Insurance Program (CHIP) Notice
- ✓ Medicare Part D
- ✓ Health Insurance Marketplace/Exchange
- ✓ Summary of Benefits and Coverage (SBC)

I also understand that all items distributed are in accordance with current ERISA, HIPAA, Medicare, PPACA, and Department of Labor regulations.

Employee Name (Printed)

Employee Name (Signature)

Date