

**Acknowledgement of Notice Regarding Waiting Period on Health Insurance
Package for Service Contract Employee**

I hereby acknowledge that I have been explained the process of the waiting period on the Fringe Benefits as delineated in the applicable Wage Determination for the position I am being employed to fill at the government facility as follows:

“The position I have been hired to fill, falls under the Service Contract Act of 1965. As an SCA employee I am entitled to specific Fringe Benefits set forth in the Wage Determination that I have received from CMSE/CAE/CPRE/CCS. Under the Wage Determination that I received, it entitles me 80 hours of vacation after the completion of my 1st full year, and the Federal Holidays shown on the Wage Determination. Additionally, I am entitled to Health & Welfare at the rate of (FY10 beginning 10/1/09 is \$3.35 per hour or \$134.00 per week or \$580.66 per month). Under my contract, the company will be providing various benefits such as Major Medical, Dental, Vision, Life Insurance, Accidental Death & Dismemberment, Short and Long Term Disability, and after the applicable waiting period the option to participate in the 401K Retirement Plan. If these benefits do not reach the minimum required by the Department of Labor, they will be paid as a Qualified Non-Elective Contribution QNEC into the 401K Plan each month. During the waiting period until I become eligible for the Medical Package, all of the Health & Welfare will be paid into the 401K Plan in form of a QNEC.

I further acknowledge that the Health & Welfare benefits will be paid as a Qualified Non-Elective Contribution (commonly referred to as “QNEC payment”) into the company's 401K Retirement Fund on my behalf in compliance with the Service Contract Act of 1965.

I further acknowledge that I have been provided a copy of this Acknowledgement and a copy of the Wage Determination at this time.

Dated: _____

Employees Signature

Printed Name of Employee

EMPLOYEE'S COPY