

**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 Qualified Non-Elective Contribution on the Health & Welfare 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 part-time position I have been hired to fill falls under the Service Contract Act (SCA) of 1965. As a part-time 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, I am entitled to receive annual leave benefits after the completion of my 1st full year of employment as well as the federal holidays designated by the Department of Labor. Additionally, I am entitled to receive Health & Welfare benefits at the rate of (FY10 beginning 10/1/09 is \$3.35 per hour or \$134.00 per week or \$580.66 per month). As a part-time employee, I understand that Health & Welfare benefits earned for each hour worked shall be paid by the company as a benefit into the 401K Plan as a Qualified Non-Elective Contribution each month.

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 companies 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

ORIGINAL
(To be returned to the Human Resources office)