



## **2024 NOTICES ACKNOWLEDGMENT**

By signing below, I acknowledge that I have received, reviewed and understand the information in the below listed notices. I also understand that these notices are available to me at all times at [www.dakota911.benefithub.com](http://www.dakota911.benefithub.com) or in hard copy upon my request.

\$2,500 HRA Open Access Summary of Benefits and Coverage

\$3,200 HSA Open Access Summary of Benefits and Coverage

\$3,200 HSA Open Access with RxPlus Summary of Benefits and Coverage

\$4,000 HRA Open Access Summary of Benefits and Coverage

\$4,000 HSA Open Access Summary of Benefits and Coverage

\$4,000 HSA Open Access with RxPlus Summary of Benefits and Coverage

COBRA General Notice

Earned Sick and Safe Time

Privacy Practices Under Health Insurance Portability and Accountability Act (HIPAA)

Special Enrollment Rights Under Health Insurance Portability and Accountability Act (HIPAA)

Marketplace Coverage Options and Your Health Coverage

Medicare Creditable Coverage (completed/distributed on 10/10)

Newborns' and Mothers' Health Protection Act

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Women's Health and Cancer Rights Act

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

Employee Rights under FMLA

Employee Rights under MN Parental Leave Act

Dakota 911 Employee Handbook

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Employee's Name (Please PRINT)

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Employee's Signature/Date