

ACKNOWLEDGEMENT

Employee Orientation Information, Including
Medical/Group Life Enrollment

My signature acknowledges my receipt of Sun Valley Company's Employee Orientation and General Information, Benefits, General Standards of Conduct, Dress and Personal Appearance Standards, and Drug Testing Policy. I acknowledge my personal responsibility to read and understand ALL information contained in these documents, including the BENEFITS ELIGIBILITY section, which describes eligibility periods for all benefits in particular.

GROUP MEDICAL LIFE COVERAGE:

Eligibility: First day of month AFTER completion of three (3) full months of continuous full-time employment. Once eligible, I MUST enroll within 31 days of eligibility OR LOSE MY ELIGIBILITY FOR COVERAGE.

I understand that I have the option of completing my enrollment forms now and they will be held on file until I become eligible.

I understand that whether I elect or decline medical coverage, it is my responsibility to complete the Group Medical/Life Enrollment Forms indicating my decision and submit them to Accounting (Benefits) or the Personnel Office within the three-month period following my hire date.

I understand that I am expected to comply with all policies, rules and conduct addressed in this handout, as well as those communicated by Company managers, and failure to do so will result in immediate disciplinary action up to and including my termination from employment.

ACKNOWLEDGED AND RECEIVED BY:

Employee Signature

Date

Print Name

Department