EMPLOYEE INJURY BENEFIT PLAN

MEETING SIGN-IN SHEET

Company Name: _____

Work Location(s): _____

Meeting Date: _____

The undersigned employees acknowledge their presence at the meeting on the above date and their notification and receipt of the Summary Plan Description for the Company's Employee Injury Benefit Plan, and the Benefits Schedule.

Employee Name Printed	Employee Identification No.	Employee Signature
TOTALS		

ARBITRATION NOTICE. This program includes a mandatory company policy requiring that **claims or disputes related to an on-the-job injury (that cannot otherwise be resolved) must be submitted to an arbitrator,** rather than a judge and jury in court. All covered claims brought by my spouse, children, parents, beneficiaries, Representatives, executors, administrators, guardians, heirs or assigns are also subject to the Company's arbitration policy, and any decision of an arbitrator will be final and binding on such persons and the Company. More information regarding the arbitration process is set forth in the Summary Plan Description. **Note: This arbitration requirement does not apply to any legal or equitable claim under ERISA for benefits, fiduciary breach, or other problem or relief solely relating to benefits payable under this Plan.**

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