

RECEIPT AND ARBITRATION ACKNOWLEDGEMENT

RECEIPT OF MATERIALS. By my signature below, I acknowledge that I have received and read (or had the opportunity to read) the Benefits Schedule, Summary Plan Description (the "SPD") for the Employee Injury Benefit Plan, effective on the Effective Date specified in Item 8 of the Benefits Schedule.

ARBITRATION. I acknowledge that this SPD includes a mandatory company policy requiring that certain **claims or disputes (that cannot otherwise be resolved between the Company and me) must be submitted to an arbitrator**, rather than a judge and jury in court. I understand that by receiving this SPD and becoming employed (or continuing my employment) with the Company at any time on or after the Effective Date specified in Item 8 of the Benefits Schedule, I am accepting and agreeing to comply with these arbitration requirements. I understand that the Company is also accepting and agreeing to comply with these arbitration requirements. All covered claims brought by my spouse, children, parents, estate, successors and assigns are also subject to these arbitration requirements, and any decision of an arbitrator will be final and binding on such persons and the Company.

<input checked="" type="checkbox"/>	_____	_____
Employee's Signature		Date
_____	_____	_____
Print Employee's Name		Employee's Identification No.
_____	_____	_____
Employee's Work Location		Department

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