

**Acknowledgment of Receipt for the
CORNERSTONE BEHAVIORAL HEALTHCARE WELFARE BENEFIT PLAN
Summary Plan Description**

Each plan participant must acknowledge their receipt of the Welfare Benefit Plan Summary Plan Description by filling in the information and signing below. Please return to CORNERSTONE BEHAVIORAL HEALTHCARE.

I _____ (name of plan participant)
acknowledge receipt of the Cornerstone Behavioral Healthcare Welfare Benefit
Plan Summary Plan Description.

Signed: _____

Date: _____