



DeSoto Memorial Hospital 2023-2024 SPD Employee Acknowledgement Form

Employee Printed Name: _____

Summary Plan Descriptions (SPD) are important plan documents that describe your rights, benefits, and responsibilities under the following Company group benefit plans. They also govern when a dispute arises regarding benefit coverage and plan limits. All Companies have an affirmative obligation to provide you access to SPD's for plans that you are covered under or are eligible for.

We offer the following plans that each has their own SPD:

Provider	Eligibility	Open Enrollment	Paper Copy of SPD Requested
DMH Health Benefits Plan (SPD)	First of the month after 60 days of full-time employment	Annually in November / December time frame. January 1 effective date.	
DMH Basic Life (SPD)	First of the month after 60 days of full-time employment	Company provided to all full time hires. No open enrollment.	
EyeMed Vision Plan (SPD)	First of the month after 60 days of full-time employment	Annually in October / November time frame. January 1 effective date.	
MetLife Dental Plan (SPD)	First of the month after 60 days of full-time employment	Annually in October / November time frame. January 1 effective date.	
Symetra Life & AD&D (SPD) voluntary (guarantee issue option if enrolled as new hire)	First of the month after 60 days of full-time employment	Annually in October / November time frame. January 1 effective date.	
American Public Life Voluntary/Supplemental Short Term Disability (STD), Cancer, Accident, Indemnity (SPD)	First of the month after 60 days of full-time employment	Annually in October / November time frame. January 1 effective date.	
DMH 401(a) Plan (SPD) (employer match up to 3%)	Full time and part time employees after 12 months of service with the Company and a minimum number of hours.	1 st of the next complete pay period once eligible for enrollment and changes.	
DMH 457(b) (SPD) (employee voluntary)	Immediately upon hire; and at any time thereafter	None – Employees are able to participate, or not, at all times	



The Company is committed to providing the latest versions of the SPD on each of our plans electronically or in writing if requested. You should be aware that Summary Plan Descriptions are subject to change. Changes in the plan may supersede, modify, or eliminate the information summarized in the current SPD.

When there is a material modification to a plan we will include those summaries in the back of the current posted plan or as a separate document next to the SPD – clearly marked as an addendum to a particular SPD. We will also communicate the changes to employees via posting, e-mail communications or written noticed issues by Human Resources.

Summary Plan Description Employee Acknowledgement:

I understand and acknowledge...

1. That I have been informed that the SPD’s on the plans outlined above are subject to change and that I should look for modifications or addendums when researching an issue or coverage level;
2. It is common for the group insurance providers on the medical and dental side, among other group carriers to change annually. These changes occur during open enrollment when the next year’s benefits are offered to employees and employees may make changes to coverage levels or plan selections.
3. It is my responsibility to read the SPD for the various plans that I am covered under or eligible for and any material modifications to them;
4. I have the right today or at any time in the future to request paper copies from Human Resources of any SPD’s I receive via electronic media, that I am eligible for or that I’m covered under.
 - a. To request a paper copy I understand that I will use this form and simply check the box of the plans that I am requesting a copy of and return it to HR.

Employee Signature: _____ Date: _____

Return signed acknowledgement form to:

DeSoto Memorial Hospital
Attn: Human Resource Director – Lois Hilton
900 N. Robert Ave
Arcadia, FL 34266

Phone: (863) 494-8408
e-mail: lhilton@dmh.org
Via fax to: (863) 494-8400