

Electronic OR Hardcopy Signature

**APPENDIX B
RECEIPT, SAFETY PLEDGE 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 Summary Plan Description (the "SPD") for the Silver Eagle Distributors Houston, LLC Texas Injury Benefit Plan, updated effective January 15, 2022.

CONSENT TO ELECTRONIC DISCLOSURE OF DOCUMENTS AND NOTICE. I understand that my Employer is required to provide me with a copy of certain work-related information, including a summary plan description and arbitration policy. As a convenience, I may access these documents electronically through either *Paylocity* or *HSE Safe Landing*. By signing below where indicated, I consent to electronic receipt of these materials. I understand that I may request a hard copy of the summary plan description and arbitration policy from my Supervisor, and that I may at any time provide my Supervisor with a written withdrawal of this electronic consent.

INJURY NOTICE AND MEDICAL PROVIDERS. I understand and agree that for an Injury related to an Accident, I must report my Injury to the Silver Eagle Emergency Call Center at 1-877-211-5663 and my Supervisor within 24 hours following the date of the Accident. I further understand that in order to receive Plan benefits, I must also (1) receive any and all medical care from Plan-Approved Medical Providers, and (2) receive my first medical treatment from an Approved Medical Provider within 14 calendar days following the date I report the Accident and/or Injury. I also understand that I can submit (and the claims administrator must investigate) information demonstrating that I had Good Cause for not reporting an Accident/Injury or receiving treatment with an Approved Medical Provider in the manner specified above.

SAFETY PLEDGE. I agree to familiarize myself with the safety program for the Employer and to perform my job according to the general and departmental safety rules of the Employer. I will also use any personal protective equipment that is provided to me. I also agree to immediately report to my supervisor any accident that involves another employee, a customer, a vendor, or me. I will also immediately report any unsafe act, condition or equipment. I will also cooperate with any accident investigations, and actively participate in any Employer safety training programs.

ARBITRATION. I also acknowledge that a mandatory employment policy is attached as Appendix A to the SPD for convenience of reference. This policy requires that **claims or disputes that (1) are covered under this arbitration program or the Mutual Arbitration Agreement, (2) cannot otherwise be resolved between the Employer and me, and (3) relate to an actual or alleged on-the-job injury 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 Employer at any time on or after January 15, 2022, I am accepting and agreeing to comply with these arbitration requirements. I understand that the Employer is also accepting and agreeing to comply with these arbitration requirements. All covered claims brought by my spouse, children, parents, beneficiaries, Representatives, executors, administrators, guardians, heirs or assigns are also subject to the Employer's arbitration policy, and any decision of an arbitrator will be final and binding on such persons and the Employer. **I understand that the arbitrator, and not a judge or jury, has the exclusive authority to resolve any dispute about the enforceability of this arbitration process.**

X _____ Employee's Signature	_____ Date
_____ Print Employee's Name	_____ Employee's Identification Number
_____ Parent or Legal Guardian Signature (if Employee under age 18)	_____ Date
_____ Print Parent or Legal Guardian Name Department	_____ Employee's Work Location or Department

* In the event the Employer utilizes an online Receipt, Safety Pledge and Arbitration Acknowledgement for this Plan, such manner of acknowledgement shall be considered equivalent to signing this form.