

### Consent to Receive Electronic Notices

		Identification #
Name		E-mail Address
Employee Address		
City	State	Zip

I understand that:

1. The following documents and/or notices may be provided to me electronically:
  - Summary Plan Descriptions;
  - Summaries of Material Modifications;
  - Summary Annual Reports;
  - COBRA Notices;
  - HIPAA Certificates;
  - Summary of Benefits and Coverage; and
  - Notice of Health Insurance Exchanges.
2. I may provide notice of a revised e-mail address or revoke my consent at any time without charge by sending an e-mail to my employers Human Resource department.
3. I am entitled to request and obtain a paper copy of any electronically furnished document free of charge by contacting my employers Human Resource department.
4. In order to access information provided electronically, I must have
  - A computer with Internet access;
  - An e-mail account that allows me to send and receive e-mails; and
  - Microsoft Word or Adobe Acrobat Reader.

I agree to electronic delivery of notices provided to me.

**Print Name**

**Signature**

**Date**

Please return to: Human Resources