

# Notice of Electronic Disclosure of Employee Benefit Notices, Summary Plan Description, and Plan Amendments

Please return to Human Resources within 30 days of \_\_\_\_\_

## Prior to consenting, you should understand:

**Signature required:** To receive Employee Benefit notices electronically, you must sign the Consent to Electronic Disclosure form provided.

**Access:** If you do not have access to the Internet or intranet you should not consent. Please complete the Acknowledgement of Paper Employee Benefit Notices on the back of this form.

**SPD:** Each benefit plan has a Summary Plan Description (SPD), which describes the major components of your plan.

**Amendments:** Plan Amendments describe changes made to your benefit plan. A plan's SPD and Plan Amendments are important documents.

**Cancellation:** You have the right to withdraw your Consent to Electronic Disclosure at any time, at no charge. To withdraw consent, you must notify Human Resources in writing or send an email to \_\_\_\_\_

**Flexibility:** If you consent to electronic distribution, you may still request a paper version of any document free of charge. All benefit notices, including SPD's and Plan Amendments, are available on the Benefits website

## Consent to Electronic Disclosure

I consent to the Electronic Disclosure of all Employee Benefit notices, including Summary Plan Descriptions (SPD) and Plan Amendments.

I acknowledge that I have read the "Notice of Electronic Disclosure" and understand that I am entitled to withdraw my consent. I understand that I can receive a paper copy of all Employee Benefit Notices, including Summary Plan Descriptions and Plan Amendments, upon request, at no charge. I also confirm that I have the ability, necessary equipment and software to access the Employee Benefit Internet or Intranet sites, to view the documents and print copies.

By submitting this document to \_\_\_\_\_, I've agreed to be notified of Employee Benefit notices via e-mail. My signature below serves not only as valid authorization to receive Employee Benefit notices electronically, but also as an agreement to the terms of the Electronic Disclosure policy.

Name (Please Print): \_\_\_\_\_

Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_

eSignature: \_\_\_\_\_

Email address: \_\_\_\_\_

Please forward form to Human Resources