

## Consent for Electronic Receipt of Employment Benefits Materials

The purpose of this Notice is to inform you that **City of Lowell** is offering you the opportunity to conserve resources by receiving your Benefits Plan materials electronically. Such notices and documents may include the following:

- Enrollment announcements;
- Summary Plan Descriptions;
- Summaries of Material Modifications;
- Summary Annual Reports;
- Summaries of Benefits and Coverage;
- Annual Notices;
- Certificates of Creditable Coverage.

All notices and documents will be emailed to you at the email address City of Lowell has on file for you. It is the same email address that you receive payroll notifications.

Each benefit plan has documents that describe the operation of the Plan. These documents and their amendments are important. In order for us to provide you with the documents above electronically, you must consent to receiving them in this manner by signing below. Prior to giving your consent, you should understand the following:

- When a new benefits notice or document is available, you will receive a copy at the email address on file with City of Lowell.
- You have the right to withdraw your consent to electronic distribution at any time and at no cost to you.
- To withdraw your consent or provide an updated email address, you must notify the **Finance Department** in writing or by email.
- If you consent to electronic delivery, you may still request a paper copy of any document, free of charge.
- All benefits documents and notices will be emailed to you.

I consent to the electronic disclosure of all Employee Benefit notices, including Summary Plan Descriptions and Amendments.

I acknowledge that I have read this Disclosure and understand that I am entitled to withdraw my consent at any time and at no cost. I understand that I have the right to receive paper copies of all Employee Benefit notices and documents upon request at no charge. I confirm that I have the ability to receive the Employee Benefits materials by email and review the documents as needed. My e-signature serves as an agreement to the terms of this Policy.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_