

## CONSENT TO RECEIVE ELECTRONIC DISCLOSURES

As a Participant in the Mercer County's Benefit Plan, you are entitled to receive certain information about our benefits. Mercer County intends to provide this information to you by electronic delivery. These documents will be furnished to you as an attachment to an e-mail sent to the e-mail address you specify to us. The attachment will be in PDF.

### Consent:

I authorize you to send, and I consent to receiving the following documents by electronic means:

- Summary Plan Descriptions
- Open Enrollment Documents
- Summaries of Benefits and Coverage
- Annual Notices

I understand that if my mailing address or e-mail address changes, I must notify \_\_\_\_\_ in writing at \_\_\_\_\_ or via e-mail at \_\_\_\_\_.

I affirm that I have the ability to access information in Adobe Acrobat Reader or Foxit Reader. I understand that I will receive the documents listed above only in electronic form unless I request a paper copy of such documents by notifying \_\_\_\_\_ in writing at \_\_\_\_\_ or via e-mail at \_\_\_\_\_ with "Request for Paper Copy" in the subject line.

I understand that this consent may be withdrawn at any time by notifying \_\_\_\_\_ in writing at \_\_\_\_\_ or via e-mail at \_\_\_\_\_ with "Consent Withdrawn for Electronic Disclosure" in the subject matter line. Include your full name, address, and phone number in the body.

The documents listed hereinabove are authorized to be sent to the following e-mail address:

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Employee Name

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Date