**Important Information Regarding Your Benefits**

Dear Plan Participant:

As a plan participant, you are entitled to a comprehensive description of your rights and obligations under the ACWA JPIA group health plans. A copy of the Evidence of Coverage (EOC) has been posted to [www.acwajpia.com](http://www.acwajpia.com). In order to ensure that you fully understand the benefits available to you and your obligations as a plan participant, it is imperative that you familiarize yourself with the information contained within the EOC.

If you would like to receive a paper copy of the EOC, you may contact your employer by email [hr@company.com] or call [444-444-4444] and one will be provided to you free of charge.

[Employer]

[Date]

# *Consent for Electronic Delivery to Beneficiaries and Other Plan Participants without Work-Related Computer Access*

**Consent to Receive Electronic Notices**

|  |  |
| --- | --- |
| *Name* | *Social Security #* |
| *□ Health □ Dental □ Vision □ Other \_\_\_\_\_\_\_\_\_* | *Email Address* |
| *Employee Address* |
| *City* | *State* | *Zip* |

I understand that:

1. The following documents and/or notices may be provided to me electronically:
* Evidence of Coverage
* Summary of Benefits and Coverages
* Summaries of Material Modifications
* Annual Notices related to healthcare
* HIPAA Privacy Practices notice
* COBRA Notices
1. I may provide notice of a revised email address or revoke my consent at any time without charge by sending an email to [hr@company.com] or calling [444-444-4444].
2. I am entitled to request and obtain a paper copy of any electronically furnished document free of charge by contacting [hr@company.com] or calling [444-444-4444].
3. In order to access information provided electronically, I must have
* A computer with Internet access,
* An email account that allows me to send and receive emails
* Microsoft Word 95 (or higher) or Adobe Acrobat Reader 5.0 (or higher).

I hereby agree to electronic delivery of notices provided to me

***Signature***

Please return to:

Attn: [HR, ABC Company

City, State ZIP]

***Date***