

North Atlantic States Carpenters Health & Vacation Funds

Consent to Receive Electronic Disclosure of the Plans' Notices

These instructions, and the attached consent form, are intended to **obtain your voluntary consent to receive the Notices from the Plan by electronic delivery (by email)**. This consent applies to the variety of Notices provided by the Health and Vacation Funds, including but not limited to the Plans' notice obligations. Documents **included** are: Summary Plan Descriptions, Summary Material Modifications, Summary Benefit Coverage notices (SBC's), legally required notices (such as the Women's Health & Cancer Rights Act and Children's Health Insurance Program Reauthorization Act Notices), newsletters, and annual tax notices. Documents **not included** are notices that include personal information.

There is no charge for a paper copy or an electronic copy of these Notices. You may request a paper copy of any Notice at any time by requesting a copy from the Fund Office. You may also opt out of receiving Notices electronically by contacting the Fund Office.

Electronic Delivery Method To Be Used: The Plans' Notices will be furnished to you as an attachment to an email sent to the email address you specify to us on the enclosed consent form. To access the email and attached document you must have: (1) a computer with internet access; (2) a program installed on that computer allowing you to send and receive emails; and (3) the application program "Adobe Acrobat Reader" or other similar program installed on your computer allowing you to open and read the attached portable document format (PDF) document. To retain a copy of the email and attached document(s) for future reference, you must either (1) be able to print a copy on a printer attached to the computer; or (2) save a copy onto your computer, cd or flash drive. If any of these hardware or software requirements change in a way that creates a material risk that prevent you from accessing and retaining electronically-transmitted documents, you must let the Fund Office know about the change and consider whether the electronic disclosure of the Plans' Notices is still appropriate for you. Also, if the email address you provide to the Fund Office changes and you still want to receive the Plans' Notices electronically, you will be required to provide an updated consent form for receiving documents electronically.

What You Must Do To Receive an Electronic Copy of the Plans' Notices:

1. **To request an electronic copy**, please complete, sign and return the enclosed "Consent to Receive Electronic Disclosure of the Plans' Notices" to the Member Services department at the Fund Office (address in the box below).
2. **Provide an email address** to which electronic document(s) should be sent. Providing an email address is voluntary, however, if no email address is provided, or an invalid address is provided, Notices will not be delivered electronically and you will receive paper copies in the mail.
3. **You may withdraw your consent to electronic disclosure at any time** by providing written notice to the Member Services department at your specific Fund Office. *You may also send an email message to the Member Services department (at the email address noted in the box below) that indicates in the subject line: "Withdraw Consent for Electronic Disclosure of the Plans' Notices." Whichever method you use – written letter or email – you must include your full name, address, phone number and the date you want the withdrawal to become effective. [If applicable]*

4. **To update your email address**, you must notify us by sending a letter to your specific Fund Office or an email message to the Member Service department that indicates in the subject line that you have a **Change in Email Address for Electronic Disclosure of the Plans' Notices**.
5. **Your Right to a Paper Copy:** You have a right to request and obtain a paper version of any of the Plans' Notices at no charge. To request a paper copy, contact the Member Service department using the information in the box below.

If you have questions, contact:

Member Services Department

OptinNY@carpentersfund.org

or

North Atlantic States Carpenters Benefit Funds

Long Island Office

270 Motor Pkwy

Hauppauge, NY 11788-5150

Toll Free: 1(877) 372-3236

**North Atlantic States Carpenters Health & Vacation Funds
Consent Form**

to Receive Electronic Disclosure of the Plans' Notices

I have received and reviewed the Consent to Receive Electronic Disclosure of Plans' Notices. For this Consent Form to be valid, you must check all the boxes below, provide your current email address and phone number, print your name, and sign and date as indicated:

- ☐ **I voluntarily consent to receive, by electronic means, the Plans' Notices at the following email address:** _____ (Please print)
- ☐ I understand that **if my email address changes**, I must notify the Member Services department using the contact information and addresses in the box below.
- ☐ I confirm that **I have the ability to access information in the electronic format that is described in the instructions to this Consent Form**. I understand that I have the **right to request a paper copy** of the Plans' Notices at no charge. I understand that I can **withdraw this consent to electronic disclosure** at any time.

Print Employee/Retiree Name _____

Employee/Retiree Signature _____

Last 4 digits of social security number _____

Date: _____, 20____

Phone number: _____

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