



Consent to Receive Electronic Health Plan Notices

<i>Name</i>		<i>ID #</i>
<i>Email Address:</i>		
<i>Mailing Address:</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>

I consent to electronic delivery of health plan notices and disclosures, as detailed below:

1. The following documents and/or notices may be provided to me electronically at the email address provided above:
 - Summary plan descriptions and summaries of material modifications;
 - Medicare Part D notices;
 - CHIP notice and Women’s Health and Cancer Rights Act notice;
 - COBRA notices;
 - Summary of Benefits and Coverage; and
 - Notice of Health Insurance Marketplace Coverage Options.
2. I may revoke my consent at any time without charge by sending an email to benefits@deschutes.org or calling 541-317-3154.
3. I understand that if my email address changes, I must contact benefits@deschutes.org or call 541-317-3154 and provide my updated address.
4. I am entitled to request and obtain a paper copy of any electronically furnished document free of charge by contacting benefits@deschutes.org or call 541-317-3154.
5. 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; and
 - Microsoft Word or PDF viewer.

<i>Signature</i>	<i>Date</i>
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