

(District Name)

Provision of Affirmative Consent Electronic Receipt of District Disclosure Notices Opt-In / Opt-Out Form

I, _____, understand my right to opt-in or opt-out as indicated by my
(Employee / Retiree Name)
selection below regarding electronic receipt of district disclosures in electronic form in
accordance with Department of Labor (DOL) consent requirements. I understand my right to
withdraw my selection at any time by submitting a new Provision of Affirmative Consent Opt-In /
Opt-Out Form to _____ which will be effective on the date _____
(District Name) (District Name)
receives my new form.

I have chosen to Opt-in to receiving electronic disclosures.

- I consent my ability to access information in the relevant electronic form.
- I understand I need to submit any changes to my contact information to [District Name].
- I understand my right to request a free paper copy of any listed notices including this Provision of Affirmative Consent Opt-In / Opt-Out Form.
- I understand that all notices will be in PDF format or will have a website link.
- I understand [District Name] may periodically contact me via email to notify me of any significant changes made to any electronic notices listed. [District Name] will require a return receipt of such notifications in accordance with any applicable laws and regulations.
- I understand that by opting-in for receiving the electronic disclosures listed my name and email address will be collected.

I have chosen to Opt-out of receiving electronic disclosures.

- I understand that by opting-out of receiving electronic disclosures, I will receive paper copies of required disclosures no less than once a year.

(Employee / Retiree Signature)

(Date)

(Email)

The following documents are those which I consent to receive electronically:

1. Provision of Affirmative Consent Opt-In Opt-Out Form
2. Summary of Benefits and Coverage (SBC)
3. Women's Health and Cancer Rights Act (WHCRA)
4. HIPAA Notice of Privacy Practices
5. HIPAA Special Enrollment Rights
6. Children's Health Insurance Program Reauthorization Act (CHIPRA)
7. Primary Care Provider Patient Protection Notice
8. Medicare Part D Notice of Creditable Coverage
9. Genesee Area Healthcare Plan Benefit Booklet
10. Initial COBRA Notice