

ADMINISTRATION OFFICE
4th DISTRICT IBEW HEALTH FUND

3150 U.S. Route 60, Ona, WV 25545
Telephone: 304-525-0331; Fax: 304-525-6005
4thdistricthealthfund.com

CONSENT FORM TO RECEIVE ELECTRONIC DISCLOSURES OF FUND INFORMATION

Statement Regarding Electronic Disclosures of Fund Information

Individuals entitled to receive benefits under the 4th District IBEW Health Fund (the Fund) are entitled to be furnished with certain documents required by ERISA. The Fund intends to provide the following documents to you by electronic delivery (as described below):

- Summary Plan Description (SPD)
- Summaries of Material Modifications (SMMs)
- Summary of Benefits and Coverage (SBC)
- Summary Annual Report (SAR)
- Federal notices, such as Notice of the Health Insurance Marketplace, Medicare Part D Creditable Coverage Disclosure, HIPAA Notice of Privacy Practices, Medicaid and the Children's Health Insurance Program (CHIP), and Women's Health and Cancer Rights Act
- Documents required to be furnished under ERISA § 104(b)(4) on request by a participant or beneficiary under the Plan or made available under ERISA § 104(b)(2)
- Notices related to claims for benefits, including Explanations of Benefits (EOBs)

Electronic Delivery Method to Be Used: If you consent, the Fund will provide access to these documents electronically via the Fund's website, ***4thdistricthealthfund.com***. If you have not already done so, you will need to register for the secure area of the website. You will receive an email alert each time a new document is available for viewing.

The documents will be available as PDF documents. You will need a device with PDF reader software, such as Adobe Acrobat Reader, to open and read the documents. You will also be able to download the documents for saving and printing at your convenience. If any of these requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically transmitted documents, you will be furnished with notice and required to provide another consent for receiving documents electronically.

What You Must Do: To receive documents electronically, you must complete and return the following Consent Form to Receive Electronic Disclosures of Fund Information.

- To Return the Paper Form
To return the form, you must fill out the required information and send it back to the Fund Office's location at: 3150 U.S. Route 60, Ona, WV 25545
- To Complete the Form Electronically
To complete the form on the Fund's website, you must log on to the member portal at ***4thdistricthealthfund.com*** and make the election to consent.

If You No Longer Consent: You may withdraw this consent at any time by providing written notice to the Fund Office or by email at ***yourbenefits@4thdistricthealthfund.com***. The subject line of your email should state: Consent Withdrawn for Electronic Disclosure. Please also include in your notice your full name, address, and phone number.

Your Right to a Paper Copy: You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact the Fund at **304-525-0331** to request a paper copy.

CONSENT FORM TO RECEIVE ELECTRONIC DISCLOSURES OF FUND INFORMATION

I have read and received the Statement Regarding Electronic Disclosures of Fund Information (the Statement), which is set out above.

I consent to receive the types of documents described in the Statement by electronic means at the email address provided at the time of my registration with the Fund's website. I understand that if my email address changes, I must update my address via the Fund's website.

I confirm that I have the ability to access information in the electronic form that is described in the Statement. I understand that I will receive copies of the types of documents described in the Statement *only* in the electronic form described there, unless I exercise my right to affirmatively request a paper copy of such document.

I understand that I can withdraw this consent at any time by providing written notice to the Fund at 3150 U.S. Route 60, Ona, WV 25545, or by email at ***yourbenefits@4thdistricthealthfund.com***. The subject line of my email will state: Consent Withdrawn for Electronic Disclosure. I will also include in my notice my full name, address, and phone number.

Print Name: _____

Signature: _____ Date: _____

Email Address: _____

Address: _____

Phone Number: _____