

Andrews University

Employee Consent to Receive Electronic Notices

Name				AU ID #	
Benefits:	Health	Dental	Vision	Other (All Erisa Benefits)	
Employee Address					
City		State		Zip	

I understand that:

1. The following documents and/or notices may be provided to me electronically:
 - Summary Plan Descriptions;
 - Summaries of Material Modifications;
 - Summary Annual Reports;
 - COBRA Notices;
 - HIPAA Certificates;
 - Summary of Benefits and Coverage; and
 - Notice of Health Insurance Exchanges.
2. I may revoke my consent at any time without charge by sending an e-mail to benefits@andrews.edu or calling 269.471.3886.
3. I am entitled to request and obtain a paper copy of any electronically furnished document free of charge by contacting benefits@andrews.edu or calling 269.471.3886.
4. In order to access information provided electronically, I must have
 - A computer with Internet access;
 - An e-mail account that allows me to send and receive e-mails; and
 - Microsoft Word or Adobe Acrobat Reader.

I agree to electronic delivery of notices provided to me.

Signature

Date

Please return to:
Benefits – Office of Human Resources
Admin Building – 2nd floor