



CONSENT TO ELECTRONIC COMMUNICATION FORM

The AGMA Health Fund and Retirement Plan (“AGMA Funds”) want to make information more readily available to AGMA members while taking advantage of technology to reduce expenses and be sure that documents arrive for those who move around often.

Prior to consenting, you should understand:

Signature Required: To receive notices from the AGMA Funds Office electronically, you must sign this form. You have three ways to send it back to us. By a secure email we send to you first. Send it back to info@agmafunds.org, secure fax: (212) 956-7599; or by mail it to the address below.

You May Withdraw Your Consent at Any Time: If you consent to electronic communication, you may withdraw that consent at any time by written request to the Funds Office at the address below. In addition, even if you do not withdraw your consent, you may send a written request to receive a paper version of any documents. Many documents will also be posted on the AGMA Funds’ website, www.agmafunds.org.

Documents will be primarily sent from info@agmafunds.org; please be sure to add this address as a “trusted” email address so our emails do not end up in your spam or junk mail folder. Consent to the electronic communication of all required annual notices from the AGMA Health Fund and Retirement Plan, can include but is not limited to: (i) Summary Annual Report, (ii) Summaries of Material Modifications, (iii) Summary Plan Description, (iv) Summary of Benefits and Coverage (SBC), (v) Amendments to the Plan, (vi) Summary of Material Reduction in Covered Services or Benefits, (vii) HIPAA Privacy Policy Notices, (viii) Women’s Health and Cancer Rights Act (WHCRA) Notices, and (ix) Annual Statement of Individual Account.

Electronic documents sent from the AGMA Funds Office will be sent as a PDF file. In order to view or print a PDF file, be sure to have the latest version from Adobe on your computer (visit www.adobe.com for their updates). Emails may also be sent using a secure email server, which may require that you register with our provider (ZixMail) so that your email address can successfully decrypt these secure messages.

Acknowledgement:

I acknowledge that (1) I have read the “Consent to Electronic Communication Form,” (2) I understand that I am giving permission for the AGMA Fund Office to securely send Plan information to the email address that I have provided below, (3) I understand that I am entitled to withdraw my consent in writing at any time, and (4) I understand that I can receive a paper copy of all Plan Documents, including Summary Plan Descriptions and plan amendments, upon request at no charge. I also confirm that I have the ability, necessary equipment and software to access email, to view the documents, and to print copies.

My signature or e-signature below serves as valid authorization to receive Employee Benefit notices electronically at the email address below.

Signature: _____ Date: _____

Printed Name: _____ Marital Status: _____

Date of Birth: _____ Primary Email Address: _____

Phone Number: _____ Primary Mailing Address: _____

Please send any change in your address, or withdrawal of your consent via email or mail. The information is listed above. Mail, scan, e-mail a photo or fax this page back to the Funds Office.

Fund Office Use: Received _____ Entered _____
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