

Paperless Consent Form v2021.06.14

for the Electronic Distribution of Employee Benefit Plan Materials



To improve efficiency and reduce paper waste, Winning Wheels, Inc. invites you to join our paperless notice delivery program. By completing this form you are consenting to receive all Employee Benefit plan documents, notices and disclosures electronically instead of as paper copies.

When applicable, such documents include (but are not limited to) enrollment announcements and offers of coverage, enrollment materials and instructions, Summaries of Benefits and Coverage (SBCs), HIPAA Notices (including HIPAA Notice of Privacy Practices and Breach notifications), Summary Annual Reports (SARs), Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs) and plan amendments, Insurance Certificates of Coverage and Coverage Manuals, COBRA Notices, and Certifications of (Non-) Creditable Coverage.

Prior to consenting, it is important to understand the following:

- Under this program, **applicable items will be furnished either as an email attachment or as an emailed internet hyperlink** where they can be downloaded in MS Word document or PDF formats and printed. Participation in this program therefore requires an internet-connected device with software for reading such formats (i.e., MS Word or Adobe Reader or compatible programs) as well as access to a printer. *You should not consent to this program if you do not have access to the internet, or if you do not have the programs necessary to view and print MS Word or PDF documents.*
- Even after consenting, **you still retain your right to request and obtain a paper version** of any applicable item, free of charge, by contacting Robin Landis, at (815) 778-3683 or rlandis@ahelpc.com.
- **Your preferred email address can be updated and/or consent can be withdrawn at any time and without charge.** To change your preferred email address or to withdraw consent, you must notify Robin Landis in writing or by email.

Statement of Affirmative Consent

I, the undersigned, consent to the electronic disclosure of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments, HIPAA notices and other similar documents to the email address specified below. I acknowledge that I have read the contents of this document and understand that I am entitled to withdraw my consent at any time and at no cost to myself. I understand that I have the right to receive paper copies of all Employee Benefit notices and documents upon request and at no additional charge. I also attest that I have the ability and the necessary equipment and software to access benefit-related websites, view the documents, and print copies.

Full Name (Please Print)

Employee ID Number (or Date of Birth)

Preferred Email Address (Please Print)

Signature

Date