



UFCW Local 1000 and Oklahoma H&W Fund

CONSENT TO RECEIVE DOCUMENTS THROUGH ELECTRONIC TECHNOLOGY

- Summary Plan Descriptions (SPD)
- Summary of Benefits and Coverage (SBC)
- Summary of Material Modifications (SMM)
- Summary Annual Report (SAR)
- Notice of Privacy Practices (NPP)
- Children's Health Insurance Program (CHIP) Notice
- Women's Health and Cancer Rights Act (WHCRA) Notice
- Enrollment Forms
- Notice of Special Enrollment Rights
- All plan documents that must be made available for inspection under ERISA or furnished on request under ERISA

The purpose of this notice is to inform you that you have the opportunity to receive disclosures in an electronic format. Prior to consenting to electronic disclosures, you should understand the following:

Right to Withdraw Consent: I understand that after I give consent to receive documents through electronic media, I may subsequently withdraw my consent at any time without charge. To withdraw consent, notify NEBA Inc., Administrative Manager, at 2010 N.W. 150th Ave., Suite 100, Pembroke Pines, FL 33028, 800-567-5899; or submit an e-mail with the subject "Consent Withdrawn" to eConsent@neba-fl.com that includes my full name, phone number, and mailing address where I would like documents to be sent.

Right to Update my E-mail Address: I understand that I may update my address for receipt of electronically furnished documents by contacting NEBA Inc., Administrative Manager at 2010 N.W. 150th Ave., Suite 100, Pembroke Pines, FL 33028, 800-567-5899. Or, I can send an e-mail to eConsent@neba-fl.com that provides my updated address, with the subject "E-mail Address Change."

Right to Request a Paper Copy: I understand that I may request and obtain a paper version of any electronically furnished document free of charge. To request a paper copy, contact NEBA Inc., Administrative Manager at 2010 N.W. 150th Ave., Suite 100, Pembroke Pines, FL 33028, 800-567-5899 or send an e-mail [to eConsent@neba-fl.com](mailto:eConsent@neba-fl.com)

Notice of Change in Hardware or Software Requirements: I acknowledge that the following hardware and software requirements are required for accessing and retaining electronically furnished documents: PC or electronic device that includes a web browser with internet access.

CONSENT: I hereby consent to the electronic disclosure of all employee benefit plan notices and documents, which I have the right to receive under ERISA. I hereby confirm that I have carefully read the enclosed notice and consent form. I understand that I can request a paper copy at any time without charge, and that I can withdraw this consent at any time. I also confirm that I have the ability and the necessary equipment (hardware and software) to access the applicable websites and view documents.