

Consent Form for Electronic Distribution of Materials

Under the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations, employee consent must be given to receive electronic copies of employee benefits materials in certain situations. The purpose of this notice is to inform you that Iowa Legal Aid is offering you the opportunity to electronically receive all notices about your employee benefits.

The following documents will be provided to you electronically:

- Benefit Summaries/Summary Plan Descriptions
- Summaries of Material Modifications
- Documents required by ERISA
- Documents required by PPACA
- State Premium Assistance (CHIP)
- Medicare Part D
- Section 125 Pre-Tax – if applicable
- FMLA General Notice – if applicable
- New documents required after the date of this statement

All notices are accessible at <https://flimp.live/lowaLegalAidBenefitsPortal>.

Each benefit plan in which you enroll has a Summary Plan Description (SPD) that describes the key provisions of the plan. Plan amendments describe any material changes made to the benefit plan since its SPD was originally drafted. For us to provide you with this opportunity, you must consent to receive all Employee Benefit notices electronically by signing the form below. Prior to consenting, you should understand that:

- When a new benefit notice, SPD or other document is posted to the Portal, you will receive a notification at the email address you provide to inform you of the availability of the document.
- You have the right to withdraw your consent to electronic distribution at any time at no charge to you. To withdraw consent, you must notify the HR department in writing or by email.
- If you consent to electronic distribution, you may still request a paper version of any document free of charge.
- All benefit notices, including SPDs and plan amendments, will be available on the Portal. If you do not have access to the Internet, or if you do not have the programs necessary to view this type of file, you should not consent.
- To withdraw your consent or update your email address, please contact HR@iowalaw.org.

I consent to the electronic disclosure of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments.

I acknowledge that I have read the contents of this notice and understand that I am entitled to withdraw my consent at any time at no cost to myself. I understand that I have the right to receive paper copies of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments, upon request at no additional charge. I also confirm that I have the ability and the necessary equipment and software to access the Employee Benefits websites, view the documents and print copies.

Employee Name

Job Title

Date

Employee Email Address