

This form can be mailed to:  
P.O. Box 1492  
Mobile, AL 36633

Or faxed to:  
(251) 432-0590

A. F. of L. – A. G. C.  
BUILDING TRADES WELFARE AND PENSION PLANS  
P. O. BOX 1492  
MOBILE, ALABAMA 36633  
(251) 438-4765

**Electronic Communication Consent and Authorization**

In an effort to enhance timely and effective communication between the Plans' and participants and beneficiaries, an Email Distribution System has been implemented. The A.F. of L. – A.G.C. Building Trades Welfare & Pension Plans must mail notices to participants and beneficiaries by regular U.S. Mail, unless consent in writing to receive notices by electronic mail (email) is given. To receive electronic notifications from the Plans, **you must complete and return this form**. If you do nothing, you will continue to receive all required notices through standard U.S. Mail.

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I hereby authorize and consent to the A.F. of L. – A.G.C. Building Trades Welfare & Pension Plans to use an electronic mail format, in lieu of U.S. Mail, to notify me of the following official Plans' notifications:

- |                                       |                          |
|---------------------------------------|--------------------------|
| - Summary Annual Reports              | - QJSA Notices           |
| - Trust & Plan Document Amendments    | - COBRA Notices          |
| - Summaries of Material Modifications | - Benefit Statements     |
| - Summary of Benefit Coverages        | - Annual Funding Notices |
| - 204(h) Notices                      | - Self-Pay Notices       |

By Signing Below, I understand that the A.F. of L. – A.G.C. Building Trades Welfare & Pension Plans will discontinue sending future notices by regular U.S. Mail and will instead email notifications to the email address on this authorization form in PDF format, unless the Plans receive written notification from me that I intend to revoke this authorization and return to receipt of notification by regular U.S. Mail. **I also understand that if I wish to discontinue receiving my notifications electronically or I change my email address, it is my obligation to notify the Plans in writing or the Plans will continue to rely on this authorization. The Plans have informed me that there will be no charge if I withdraw my consent. I understand that I have the right to request and obtain a paper version of any electronically furnished document.**

Participant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Participant Signature: \_\_\_\_\_