

ERISA Consent Form for Electronic Distribution of Materials

Notice of Important Documents to be Distributed via Internet Posting

Under the Employee Retirement Income Security act of 1974 (ERISA) and related regulations, employee consent must be given in order to receive electronic copies of employee benefits materials in certain situations.

The purpose of this notice is to inform you that Eye Specialists of Georgia is offering you the opportunity to receive all notices electronically regarding your employee benefits. Such notices will include (but not be limited to) newsletters, enrollment announcements, Summary Plan Descriptions (SPDs), Open Enrollment Guides, Summaries of Benefits and coverage (SBCs), Health Insurance Marketplace Notices, Medicare Part D Creditable/Non-Creditable Coverage, Women's Cancer rights, Newborn Act and Children's Health Insurance Protection Act (where applicable) and HIPAA Privacy Practices and Notices.

All notices are accessible on a web page where these documents can be viewed and downloaded at <https://MaxumBenefits.com/ESOG>.

In addition, when a new benefit notice, announcement, newsletter, SPD or other document is posted to the internet, you will receive a notification by email at the address you specify below.

- 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 Ayman Nassar in writing or by email ESOG.Marketing@Yahoo.com
- If you consent to electronic distribution, you may still request a paper version of any document free of charge by contacting Ayman Nassar in writing or by email ESOG.Marketing@Yahoo.com.
- All benefit notices, including SPDs and plan amendments, will be available on the internet as PDF. 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 for notices, please contact Ayman Nassar in writing or by email ESOG.Marketing@Yahoo.com.

I consent to the electronic disclosure of all Employee Benefit notices and documents, including Summary Plan Descriptions and plan amendments. I 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 and documents including Summary Plan Descriptions and plan amendments, upon request at no additional charge. I also confirm that I have the ability and necessary equipment and software to access the Employee Benefit websites, view the documents and print copies.

Employee Name (Printed)

Email Address (Printed)

Signature

Date
