**SAMPLE ELECTRONIC CONSENT FORM**

**Consent for Electronic Delivery of ERISA Documents**

This notice is to inform you that [Company Name] offers the opportunity to receive employee benefit notices electronically. These notices may include (but are not limited to) the following:

* Summary Plan Descriptions (SPDs)
* Summaries of Material Modifications (SMMs)
* Summary Annual Reports (SARs)
* COBRA Notices
* HIPAA Notices, and More

To proceed, you must consent to receive documents electronically by signing below.

**Key Information:**

* You will be notified at the email address you provide when documents are available.
* You may withdraw your consent anytime at no charge by contacting [HR Contact Name] at [Contact Information].
* You have the right to request paper copies at no additional cost by contacting [HR Contact Name] at [Contact Information].
* Documents will be provided in [Format e.g., PDF ], requiring [Specify Required Software e.g., Adobe Reader, HRIS Platform, Mobile Benefit App, etc.].
* If you do not meet the system requirements or lack access to the necessary tools, do not consent to electronic delivery.

***Consent Statement:*** *I consent to receive all employee benefit notices electronically. I understand I can withdraw this consent or request paper copies without charge at any time.*

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

**Employee Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE NOTIFICATION OF DOCUMENT AVAILABILITY**

***For a work email or intranet portal or benefit app notification***

**Subject:** Availability of Important Benefit Documents

Dear Employee,

[Company Name] has made important benefit documents, including Summary Plan Descriptions (SPDs) and plan amendments, available on [Specify Platform, e.g., Company Intranet, Benefits App etc.]. These documents detail your benefits and rights under our plans.

If you wish to receive these documents in paper format at no cost, please contact [Insert Contact Information].

Sincerely,
[HR Contact Name]
[Title]