

CONSENT TO RECEIVE ELECTRONIC DISCLOSURES

I authorize you to send, and I consent to receiving the following documents by electronic means:

1. Summary of Plan Description (SPD)
2. Summary of Benefit Coverages (SBC)
3. HIPAA Special Enrollment Rights
4. Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)
5. Annual Medicare Part D Certifications (creditable or non-creditable coverage notice)
6. Medicaid and Children’s Health Insurance Program Offer Free or Low-Cost Health Coverage to Children and Families (CHIPRA Notice)
7. Women’s Health and Cancer Rights Act Annual Notice
8. HIPAA Notice of Privacy Practices
9. Initial/General Notice of COBRA Continuation Coverage Rights

I understand that if my mailing or e-mail address changes, I must notify Melissa Kartak in writing at New Prague Area Schools, 410 Central Avenue North, Suite 100, New Prague, MN 56071 or via email at mekartak@isd721.org.

I affirm that I have the ability to access information in Adobe Acrobat Reader. I understand that I will receive the documents listed above only in electronic form unless I request a paper copy of such documents by notifying Melissa Kartak in writing at New Prague Area Schools, 410 Central Avenue North, Suite 100, New Prague, MN 56071 or via email at mekartak@isd721.org.

I understand that this consent may be withdrawn at any time by notifying Melissa Kartak in writing at New Prague Area Schools, 410 Central Avenue North, Suite 100, New Prague, MN 56071 or via email at mekartak@isd721.org with “Consent Withdrawn for Electronic Disclosure” in the subject matter line. Include your full name, address, and phone number in the body.

Printed Name

Signature

Date