



## HonorHealth Employee Benefits Notice of Electronic Disclosure

HonorHealth encourages staff to go green! If you have a work or home e-mail address, you can opt to receive your HonorHealth employee benefit information electronically.

### Here's how it works:

When you consent to electronic disclosure, you will receive an e-mail notification when new Employee Benefits notices have been posted.

Employee Benefit notices including newsletters, enrollment announcements, Summary Plan Descriptions (SPDs) and plan amendments are posted on:

- the Employee Benefits page on our intranet, which is accessible on HonorHealth computers

To view the notices, you can go directly to the intranet location above, or simply click the links provided in your notification e-mail.

### Prior to consenting, you should understand:

**Signature required:** To receive Employee Benefit notices electronically, you must sign the Consent to Electronic Disclosure form provided.

**Access:** If you do not have access to the Internet or intranet you should not consent.

**SPD:** Each benefit plan has a Summary Plan Description (SPD), which describes the major components of your plan.

**Amendments:** Plan amendments describe changes made to your benefit plan. A plan's SPD and plan amendments are important documents.

**Cancellation:** You have the right to withdraw your consent to electronic distribution at any time at no charge. To withdraw consent, you must notify Employee Benefits in writing or send an e-mail to [employeebenefits@honorhealth.com](mailto:employeebenefits@honorhealth.com).

**Flexibility:** 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, are available on the intranet and Internet as PDF files.

## Consent to Electronic Disclosure

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 "Notice of Electronic Disclosure" and understand that I am entitled to withdraw my consent. I understand that I can receive a paper copy of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments, upon request at no charge. I also confirm that I have the ability, necessary equipment and software to access the Employee Benefits Internet or intranet sites, to view the documents and print copies.

My e-signature below serves as valid authorization to receive Employee Benefit notices electronically. By submitting this document to Scottsdale Healthcare Benefits, I agree to be notified of employee benefit notices via e-mail. My e-signature below serves as an agreement to the terms of the Electronic Disclosure policy.

Name:	
Employee #:	
E-Signature:	
Date:	
Email Address:	

Please forward form via email to Employee Benefits:

**HONORHEALTH**