mta Montebello Teachers Association
Retiree Supplemental Health Plan
3530 Camino Del Rio North * Suite 110 * San Diego, CA 92108 * 800-886-7559

ERISA Consent Form for Electronic Distribution of Materials

Under the Employee Retirement Income Security Act of 1974 (ERISA), you must consent in order to receive electronic copies of employee benefits materials in certain situations. By signing and returning this form, you are agreeing to receive all future information electronically as described and limited below.

The Montebello Teachers Association Retiree Supplemental Health Plan ("Trust" or "Plan") is offering you the opportunity to receive electronically all notices about your employee benefits. Such notices will include (but not be limited to) notices, enrollment announcements, applications, forms, Plan Documents/Summary Plan Descriptions, Plan Amendments, Summaries of Material Modifications (SMMs), Summary Annual Reports (SARs), and HIPAA Notice of Privacy Practices (hereafter "Plan Documents/Notices"). All Plan Documents/Notices are accessible at https://coastbenefits.com/your-plan/montebello-teachers-association-3n/

The Plan is governed by the Plan Document/Summary Plan Description (SPD) and subsequent Plan amendments adopted after the Plan was restated. The SPD describes the key provisions of the Plan. These are very important documents that inform you about your eligibility and the amount of reimbursement you may receive from the Plan.

In order for us to provide you with this opportunity, you must consent to receive all Plan Documents/Notices electronically by signing the form below. Prior to consenting, you should understand that:

- When a new notice, announcement, or Plan Document/Notice is posted to the Internet, you will receive a notification at the email address you provide to inform you of the availability of the document.
- 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 the Trust Office (see last bullet) in writing or by email.
- If you consent to electronic distribution, you may still request a paper version of any document free of charge.
- All Plan Documents/ Notices will be available on the Internet at https://coastbenefits.com/your-plan/montebello-teachers-association-3n/. 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.
- You must inform the Trust Office of any changes to the e-mail address provided.
- To withdraw your consent or update your email address, please contact the Trust Office at:

Montebello Teachers Association Supplemental Health Plan
c/o Coast Benefits
3530 Camino Del Rio North, Suite 110
San Diego, CA 92108
(800) 886-7559
mtarshp@coastbenefits.com

I consent to the electronic disclosure of all Plan Documents/Notices, including the Plan Document/Summary Plan Description, and Plan Amendments. I acknowledge that I have read this notice and 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 Plan Documents/Notices, including the Plan Document/Summary Plan Description, and Plan Amendments, upon request at no additional charge. I also confirm that I have the ability and the necessary equipment and software to access the website at , and view the Plan Documents/Notices, and print copies.

Participant's Name _____

Participant's Signature _____ Date _____

Participant's E-Mail address _____

Consent Form for Electronic Distribution of Protected Health Information

If you consent to receive the Plan Documents/Notices electronically, you may also consider emailing your claims, and if necessary, appeals. The Trust may email its questions regarding any submitted claims to you via its secured email system. Since your claims may include protected health information as set out under the Health Information Portability and Accountability Act (HIPAA), we recommend that you remit any documents containing such information (to keep it protected) through the Trust's secured email system rather than through your personal email account, e.g., johndoe@gmail.com.

In addition to consenting to receive Plan Documents/Notices electronically, I also consent to receiving claims/appeals electronically and by signing again below.

Participant's Signature _____ Date _____

Please return this form to the Trust at the address, fax number, or email as set out above.