



ELECTRONIC DISCLOSURE CONSENT

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

- Annual Notices & Disclosures
- Annual Medical Summaries of Benefits & Coverage
- Annual Dental Summary of Benefits

I affirm that I have the ability to access information electronically.

I understand that if my mailing address or email address changes, I must complete an Employee Change Form and submit it via hard copy or attached to an email from my secure work email address to the contact listed at the bottom of this form.

I understand that I have access to the above documents at any time on the benefits portal at <https://dakota911.benefithub.com>.

I understand I will receive the documents listed above only in electronic form unless I request a paper copy of such documents in writing to the contact listed at the bottom of this form.

I understand that this consent may be withdrawn at any time by notifying the contact listed at the bottom of this form in writing or via email with "Consent for Electronic Disclosure Withdrawn" in the subject matter line.

Name (Printed, Typed or E-signed)

Signature

Contact:

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