CONSENT TO RECEIVE ELECTRONIC DISCLOSURES

With respect to the Employee Group Health Insurance Plan, I authorize you to send, and I consent to receiving the following documents, now and in the future, by electronic means:

- Summary Plan Descriptions
- Summaries of Material Modification
- Summaries of Benefits and Coverage
- Summary Annual Reports
- All Plan Documents that plan administrators must make available for inspection under ERISA or furnished on request under ERISA
- Qualified domestic relations order (QDRO) notices under ERISA § 206(d)(3) (29 U.S.C. § 1056)
- Qualified medical child support order (QMSCO) notifications under ERISA § 609 (29 U.S.C. § 1169)
- Notifications of claims decisions under ERISA § 503 (29 U.S.C. § 1133)
- Notice of special enrollment rights under ERISA § 701 (29 U.S.C. § 1181)
- Medical Child Support Order (MCSO) notices under ERISA § 609(a)(5)(A) (29 U.S.C. § 1169(a)(5)(A))
- National Medical Support (NMS) notices under ERISA § 609(a)(5)(C) (29 U.S.C. § 1169(a)(5)(C))
- COBRA notifications under ERISA § 606 (29 U.S.C. § 1166)
- Annual Notices (including Women's Health & Cancer Rights Act, Newborns and Mothers' Health Protection Act, Mental Health Parity, Premium Assistance under Medicaid and the Children's Health Program, HIPAA Privacy Notice, HIPAA Special Enrollment Rights Notice of Creditable Coverage, Notice of Creditable Coverage, Wellness Program Disclosures, COBRA General Notice and Marketplace Notice)

To access these documents, please visit our website at:

https://www.kimblecompanies.com/benefits

If you cannot access these documents via the website, please contact the Human Resources Manager by telephone at 330-343-1226 ext 2261, or by mail to Kimble Company, Attention Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or by email to <u>smcafee@kimblecompanies.com</u>.

CONSENT TO RECEIVE GROUP HEALTH INSURANCE PLAN NOTICES ELECTRONICALLY Page 1 of 3 These documents will be furnished to you via a link to our website which is provided in this Disclosure. The linked documents will be in PDF. To access the document you must have: (1) a computer with internet access; and (2) Adobe Acrobat Reader installed on your computer allowing you to open and read the document. Please keep a copy of any attached or linked documents for future use. You must be able to either (1) print a copy on a printer attached to the computer; or (2) save a copy in electronic form to your computer's hard drive or an external drive (e.g., on a flash drive). If any of these requirements or delivery methods change in a way that creates a material risk that you may no longer be able to access and retain electronically transmitted documents, we will furnish you with notice and a request that you provide a new consent.

I understand that if my mailing address or email address changes, I must notify the Human Resources Manager in writing at Kimble Company, Attention Human Resources Manager. 3596 SR 39. NW. Dover. Ohio 44622 or via email at smcafee@kimblecompanies.com with the subject line to read "Email Address Change". Include your full name, address, and phone number in the body.

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 the Human Resources Manager in writing at Kimble Company, Attention Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622 or via email at smcafee@kimblecompanies.com with "Request for Paper Copy" in the subject line. Include your full name, address, and phone number in the body.

I understand that the documents available on the website are not required to be available for more than one year or, if later, after it is superseded by a subsequent version.

I understand that this consent may be withdrawn at any time, free of charge, by notifying the Human Resources Manager in writing at Kimble Company, Attention Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622 or via email at smcafee@kimblecompanies.com with "Consent Withdrawn for Electronic Disclosure" in the subject matter line. Include your full name, address, and phone number in the body.

I further agree to provide copies of all notices I receive electronically consistent with this consent form to my spouse and other dependents, if they are covered under the Plan.

I consent to receiving the type of documents described above electronically and understand this will apply to all future notices issued by the company except to the extent I withdraw my consent as specified above.

The Company reserves the right, and you also agree to allow, the Company, to send any notices discussed in this document to you by ordinary mail when the Company determines in its sole discretion.

Signature	Print Name	Date
Email	Cell Phone	