

AGMA Retirement Plan

AGMA Health Fund

Derek J. Davis, Executive Director

1430 Broadway, Suite 1203 • New York, NY 10018

Telephone (212) 765-3664 • Fax (212) 956-7599

info@agmafunds.org

Union Trustees

John Coleman

Leonard Egert

Candace Itow

James Odom

John F. Ward

Employer Trustees

Debra Bernard

Nicholas I. Martin

Brooks Parsons

Matthew Shilvoek

Mark J. Weinstein

Cheryl Zane

AGMA HEALTH FUND & RETIREMENT PLAN

CONSENT TO ELECTRONIC DISCLOSURE

What does consenting to electronic disclosure mean?

When you consent to electronic disclosure, you will receive the documents listed below as attachments to e-mails from the AGMA Health Fund and Retirement Plan (“AGMA Funds”).

The AGMA Funds want to make information more readily available to its members while taking advantage of current technology to reduce expenses and be sure that documents arrive for those who move around often.

Prior to consenting, you should understand:

Signature required: To receive notices from the AGMA Funds electronically, you must sign the Consent to Electronic Disclosure form provided and fax it back to (212) 956-7599, or sign it electronically and email it back to info@agmafunds.org or info@agmareirement-health.org.

You May Withdraw Your Consent at Any Time: If you consent to electronic distribution, you may withdraw that consent at any time by written request to the Funds Office at the address below. In addition, even if you do not withdraw your consent, you may request a paper version of any document. Many documents are also posted on the Funds’ website, www.agmareirement-health.org or www.agmafunds.org.

Documents will be sent from info@agmareirement-health.org; please be sure to add this address as a “trusted” email address so our emails do not end up in your spam or junk mail folder. Consent to the electronic disclosure of all required annual notices from the AGMA Health Fund and Retirement Plan, can include but is not limited to:

AGMA Retirement Plan

- Amendments to the Retirement Plan
- Summaries of Material Modifications
- Summary Annual Report

AGMA Health Fund

- Summary Annual Report
- Summary of Benefits and Coverage (SBC)
- Amendments to the Health Fund
- Summary of Material Modification (SMM)
- Summary of Material Reduction in Covered Services or Benefits
- Women’s Health and Cancer Rights Act (WHCRA) Notices
- Notice of HIPAA Privacy Policy

Electronic documents sent from the AGMA Funds will be sent as a PDF file. In order to view or print a PDF file, be sure to have the latest version from Adobe on your computer (visit www.adobe.com for their updates).

Please send any change in your address, or withdrawal of your consent to:

AGMA Health Fund and AGMA Retirement Plan

1430 Broadway, Suite 1203

New York, NY 10018

info@agmafunds.org or info@agmareirement-health.org

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Consent to Electronic Disclosure

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Acknowledgement:

I acknowledge that I have read the “Consent to Electronic Disclosure” and understand that I am entitled to withdraw my consent. I understand that I can receive a paper copy of all Plan Documents, 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 email, to view the documents and to print copies.

My e-signature below serves as valid authorization to receive Employee Benefit notices electronically at the email address below.

Name: _____ Optional Updates _____

Funds Office ID Number: _____ Mailing Address: _____

Email Address to which the Plan should send Plan Documents: _____

_____ Phone Number: _____ Home/Cell _____
(select one)

Signature: _____

Date: _____

Please send any change in your address, or withdrawal of your consent to:
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1430 Broadway, Suite 1203
New York, NY 10018
info@ agmafunds.org or info@agmaretirement-health.org

Mail, e-mail or fax this page back the AGMA Funds Office.

Funds Office Use: Received ____ Entered ____
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