**Employee Consent to Receive Benefits Notices Electronically**

On an annual basis, [County Name] is required to provide all employees with various mandated benefits notices. County employees are strongly encouraged to provide consent for these notices to be delivered electronically. Advantages of opting to receive electronic notices rather than paper copies include: being able to conveniently access a clean copy whenever needed; ability to easily forward notices to a spouse, family member, or your personal email address for review; and helping reduce excess usage of paper as well as printing costs, supporting good stewardship of the environment and County taxpayer dollars.

**If you would prefer to** **receive the annual notices and disclosures via email** instead of paper copies, please provide your permission by signing the authorization form below, and return your completed form to [Human Resources].

A complete list of current disclosures and their descriptions are included below.

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By signing below, I am providing my affirmative consent to receive annual benefits notices and disclosures sent to me electronically at my [County Name] employee email address. I understand that I can withdraw my consent to receive notices electronically at any time by submitting a request in writing to [Name] in the [County Name Human Resources Office] at [email address/contact information]. I also understand that these notices are available for my review on the [County’s intranet site] and upon request Human Resources will provide these notices to me in hard copy format.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee ID:\_\_\_\_\_\_\_\_\_\_

**Please return completed form to Human Resources by [date].**

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| Name of Notice | Description |
| Medicare D | Provided to you because our health plan includes prescription drug benefits. Applies to those that are Medicare eligible. The notice provides information whether your drug benefit is “creditable coverage,” meaning that it is expected to cover on average, as much as the standard Medicare Part D prescription drug plan. [\***All/Some**] ofour plans have creditable coverage |
| HIPAA Notice of Privacy Practices | Covered entities are required to provide a notice in plain language that describes:   * How the covered entity may use and disclose protected health information about an individual. * The individual’s rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity. * The covered entity’s legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information. * Whom individuals can contact for further information about the covered entity’s privacy policies. |
| HIPAA Notice of Special Enrollment Rights | Provided to inform you that should you decline enrollment at the time of hire, or open enrollment periods you are still entitled to enrollment if you meet the provisions of HIPAA special enrollment rules. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing toward your or your dependents’ other coverage. Additionally if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. In both cases you must request enrollment within 30 days of the event date. |
| CHIP Annual Notice | Provided to you to inform you of possible premium assistance that may be available to you under Medicaid and the Children’s Health Insurance Program. |
| Women’s Health and Cancer Rights Act of 1998 | Notifies you that our health plan provides benefits for mastectomy-related services including all stages of reconstruction. |
| Notice of Availability of Reasonable Alternative Standard | Provided to inform you of your rights for a reasonable alternative standard in participating in employer sponsored wellness activities. If you think you might be unable to meet a standard for a reward under the wellness program, you might qualify for an opportunity to earn the same reward by different means. |
| Exchange Notice | Provided to inform you of the following:   * Health Care Insurance Mandate that requires all persons to have health insurance. * Existence of the Health Insurance Marketplace where you may purchase insurance. * Eligibility for premiums savings for those that have access to coverage through an employer sponsored health plan. [**County Name’s**] health plans meet both the affordability and accessibility requirement of the Affordable Care Act. |
| Summary of Benefits and Coverage | Provided as a summary of the benefits and coverages available to you for each plan option that is available to you through [**County Name**]. |