



# Consent Form for Electronic Distribution of Benefit Materials and Notices

Under the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations, consent must be given in order to receive electronic copies of employee benefits materials.

The purpose of this notice is to inform you that Michigan State University is offering you the opportunity to receive all notices about your benefits electronically. Such notices will include (but not be limited to) newsletters, enrollment announcements, Summary Plan Descriptions (SPDs), Open Enrollment Guides, Summaries of Benefits and Coverage (SBC), Health Insurance Marketplace Notices and HIPAA certificates of creditable coverage.

All enrollment information, summaries and notices are accessible at [hr.msu.edu/benefits/](http://hr.msu.edu/benefits/)

In addition, when a new benefit notice, announcement, newsletter, SPD or other document is posted to the Internet, **you will receive a notification at your msu.edu email address** 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 MSU Human Resources 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 benefit notices, including SPDs and plan amendments, will be available on the Internet as PDF. 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.
- To withdraw your consent please contact MSU Human Resources.

I consent to the electronic disclosure of all Employee Benefit notices and documents, including Summary Plan Descriptions and plan amendments. I 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 Employee Benefit notices and documents, including Summary Plan Descriptions 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 Employee Benefits websites, view the documents and print copies.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Last 4 Digits of Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM VIA  
SECURE EMAIL TO:**  
SolutionsCenter@hr.msu.edu

**Questions? Contact MSU Human Resources:**  
517-353-4434 (1-800-353-4434 toll-free)  
SolutionsCenter@hr.msu.edu  
**Website:** hr.msu.edu