



WDC/HOC Consent to Receive Electronic Plan Disclosures

Statement Regarding ERISA Plan Disclosures

Individuals eligible to receive health and welfare benefits under the Women's Development Corporation (Plan) also are entitled to be furnished with certain documents required by ERISA. Women's Development Corporation intends to provide the following documents (as described below) electronically to you by either email attachment or by email with a link to the document located on our company and/or benefits websites.

- the Summary Plan Description (SPD)
- any required Summaries of Material Modifications (SMMs)
- the Summary Annual Report (SAR), and
- any documents required to be furnished under ERISA §104(b)(4) on request by a participant or beneficiary under the Plan, or made available under ERISA §104(b)(2)

You must have internet access and be able to open and read Word and/or PDF formatted documents. To retain a copy of the email and associated documents for future reference, you must be able to print a copy of the documents from your printer or be able to save copies to your electronic files.

Your Right to a Paper Copy. You have a right to request and obtain a paper version of the above referenced documents at no charge and at any time by contacting Human Resources at the address below.

Consent to Receive Plan Disclosures Electronically

I have read and received the "Statement Regarding ERISA Plan Disclosures" (the Statement), which is set out above.

- I consent to receive the type of documents described in the Statement by email attachment or by email with a link to the documents located on the benefits website provided by Women's Development Corporation.
- I confirm that I am able to access information in the format described in the Statement. I understand that I will receive copies of the types of document described in the Statement only in the electronic form described unless I exercise my right to affirmatively request a paper copy.
- I will contact Human Resources at the address below whenever I need to update my email address on file.
- I understand that I may withdraw this consent at any time by notifying Human Resources in writing at the address below.

Date: _____

Full Name: _____

Email Address: _____ Phone: _____

Return this completed Form to:

Denise Kaplin
861A Broad Street
Providence, RI 02907
kaplin@wdchoc.org/401-941-2900, ext. 106