

ERISA Consent Form for Electronic Distribution of Materials

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

The purpose of this notice is to inform you that Capital City Fruit is offering you the opportunity to receive electronically all notices about your employee benefits. Such notices will include (but not be limited to) newsletters, enrollment announcements, Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), Summary Annual Reports (SARs), COBRA notices, Summaries of Benefits and Coverage, Health Insurance Marketplace Notices and HIPAA certificates of creditable coverage.

All notices are accessible at **(Specify URL)**.

Each benefit plan in which you enroll has a Summary Plan Description (SPD) that describes the key provisions of the plan. Plan amendments describe any material changes made to the benefit plan since its SPD was originally drafted. A plan's SPD and plan amendments are very important documents. In order for us to provide you with this opportunity, you must consent to receive all Employee Benefit notices electronically by signing the form below. Prior to consenting, you should understand that:

- When a new benefit notice, announcement, newsletter, SPD or other document is posted to the Internet, you will receive a notification at the email address you provide 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 **(Specify Contact Info)** 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 **(Specify File Type)**. 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 or update your email address, please contact **(Specify Contact Info)**.

I consent to the electronic disclosure of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments.

I acknowledge that I have read the "Notice of Electronic Disclosure" and 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, 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.

Employee Name

Employee ID #

Employee Signature

Date