

DISCLOSURE TO EMPLOYEE REGARDING ELECTRONIC COMMUNICATION OF BENEFIT PLANS & ELECTRONIC SIGNATURES

I hereby acknowledge that over the course of my employment, the Company may communicate benefit documentation through the Internet or other electronic communication network (including electronic mail). All communications sent through such means, whether by mail, electronic mail, telegraph, messenger, or otherwise, shall be deemed given to me personally, whether actually received or not. The Company reserves the right to select the method of communication.

I agree to notify the Company immediately in the event that I do not receive an expected email / notification or am not able to access a link or a Web site to read a document that has been delivered to me by electronic means.

AUTHORIZATION / ELECTION

By my signature below, I here by consent to the use of Electronic Signatures as my formal acceptance of all electronic records covered by the Electronic Signatures in Global and National Commerce Act of 2000 (ESIGN) which includes documents, forms, account applications, electronic trade confirmations, statements, agreements, and prospectuses. I also consent to receive certain employee benefit plan information through electronic media. I understand it may be necessary for me to inform the company if my email address changes or if I prefer to receive the communication at a different email address. I also understand that I may withdraw this consent at any time by completing a similar form stating I no longer consent to electronic communication. In addition, I understand that I may request a paper version of the electronically furnished documents free of charge if I am unsuccessful at printing the document.

Employee's Name: _____
(Please Print)

Employee's email address: _____

- I consent to the use of Electronic Signatures and receiving benefit plan information electronically.
- I do not consent to the use of Electronic Signatures and receiving benefit plan information electronically. Please provide me a paper version of all applicable documents.

Signature: _____

Date: _____
