



Midwest Operating Engineers Fringe Benefit Funds

Midwest Operating Engineers Welfare Fund (includes Vacation Savings Plan)

Midwest Operating Engineers Retiree Welfare Plan

Midwest Operating Engineers Pension Fund

Midwest Operating Engineers Retirement Enhancement Fund

CONSENT FORM TO RECEIVE ELECTRONIC DISCLOSURES OF PLAN INFORMATION

Statement Regarding Electronic Disclosures of Plan Information

This Consent Form addresses the requirement for electronic disclosure. The Administrative Manager of the Midwest Operating Engineers Fringe Benefit Funds' Office may distribute communication under the Employee Retirement Income Security Act of 1974 (ERISA) to plan participants in either paper or electronic format. In compliance with federal electronic disclosure rules, this form is intended to **obtain your voluntary consent to receive all ERISA communication documents and mandatory disclosures by electronic delivery in lieu of paper delivery.** The documents and mandatory disclosures may include: Summary Plan Descriptions (SPD)/Plan Documents, Summary of Benefits and Coverage (SBC) documents, Summary of Material Modifications (SMMs) describing amendments to the plans, Summary Annual Reports (SARs) and required federal notices, such as the Employer Notice of the Health Insurance Marketplace, Medicare Part D Notice of Creditable Coverage, Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP), HIPAA Notice of Privacy Practices, and Women's Health and Cancer Rights Act reminder.

Electronic Delivery Method to Be Used

Electronic delivery of documents will be through My150. If you have not registered on My150, please do so as soon as possible. To register on My150, please log on to www.My150.com, click on the Welcome Kit tab, and follow the instructions provided. To access My150, you will need:

- MOE medical ID or Union Registration Number
- Last 4 digits of your Social Security Number
- Cell phone number
- Valid personal email address

If you have problems registering on My150, please contact the My150 Community Support Line at (888) 220-3599.

To retain a copy of the email and attached document(s) for future reference, you may either (1) be able to print a copy on a printer attached to the computer; or (2) save a copy onto your computer, CD or flash drive. If any of these hardware or software requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically-transmitted documents, you will be notified and required to provide another Consent Form for receiving documents electronically.

What You Must Do to Receive Documents Electronically

1. Retain this Statement Regarding Electronic Disclosures of Plan Information for your files. If you lose this form and wish to receive information electronically, you can download the form from www.moefunds.com, sign the form, and return it to the Fund Office.
2. Complete, sign and return the **Consent Form to Receive Electronic Disclosures of Plan Information** (on the next page) in the self-addressed envelope.
3. We will use the email address provided upon your registration with My150. Through this email address, you will receive an email advising you that the corresponding electronic documents are available for viewing.
4. Consenting to receive disclosures of plan information by electronic delivery to your email address is voluntary. You may **withdraw this consent to electronic disclosures at any time** by providing written notice to the MOE Health Plan Marketplace at 6150 Joliet Road, Countryside, IL 60525 or sending an email message through My150 to Contact Us that indicates in the subject line: **Withdraw Consent for Electronic Disclosure** and including in the body of the letter or email your full name, address and phone number.
5. To update your email address, please log on to My150, navigate to your *My PROFILE* page and select Edit Profile.

Your Right to a Paper Copy: You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact the Fund Office at (708) 579-6600 to request a paper copy.



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Please complete, sign and return this **Consent Form to Receive Electronic Disclosures of Plan Information** in the self-addressed envelope.

Authorization

I have received and reviewed the Statement Regarding Electronic Disclosures of Plan Information noted above. I voluntarily consent to receive, by electronic means, the type of documents described on this form at the email address provided at the time of my registration through My150. I understand that whenever my email address changes, I will update *My PROFILE* page on My150.

I confirm that I have the ability to access information in the electronic format that is described on the Statement Regarding Electronic Disclosures of Plan Information. I understand that I have the right to request a paper copy of an electronic document. I understand that I can withdraw this consent at any time.

Print Member Name: _____ **Medical ID#:** _____

Member Signature: _____ **Phone Number:** _____

Address: _____

Date: _____, 20____