

**Statement Regarding GM Nameplate, Inc. Health Care Plan & Life and Disability Plan Electronic Disclosures**

Individuals entitled to receive benefits under the GM Nameplate, Inc. Health Care Plan & Life and Disability Plan (“the Plans”) are entitled to be provided with certain documents required by ERISA. GM Nameplate intends to provide the following documents to you by electronic delivery (as described below):

- the Summary Plan Description (SPD);
- any required Summaries of Material Modifications (SMMs);
- the Summary of Benefits and Coverage (SBC);
- any required regulatory notices;
- 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 Plans or made available under ERISA § 104(b)(2).

**Electronic Delivery Method to Be Used:** These documents will be posted at your Kronos/ My Account/ My Benefits and emailed as an attachment to the e-mail address you provide below. Documents will be in Microsoft Word or Adobe PDF. To view the documents, you must have access to (1) a computer with internet access; (2) a program installed on that computer allowing you to send and receive e-mails; and (3) an application program allowing you to open and read the attached document. To retain a copy of the document for future reference, you must either (1) be able to print a copy; or (2) save a copy in electronic form.

If any of these requirements change in a way that you may no longer be able to access and retain electronically transmitted documents, you will be furnished with notice and required to provide another consent for receiving documents electronically.

**What You Must Do:** To receive documents electronically, you must do the following:

1. Agree to the consent statement below. You may withdraw this consent at any time by notifying Human Resources by sending an e-mail message to [sabrinad@gmnameplate.com](mailto:sabrinad@gmnameplate.com) that indicates in the subject line: *Consent Withdrawn for Electronic Disclosure* and includes in the body your full name, address, and phone number. There is no charge to withdraw consent.
2. Provide us with an e-mail address to which electronic documents should be sent. Following enrollment, you will receive a confirmation email to this address. If GM Nameplate does not receive an indication that the email address is invalid (for example, by receiving an undeliverable notice), we will assume that you are able to access ERISA information through the provided email address. To update your e-mail address, you must notify Human Resources by sending an e-mail message to [sabrinad@gmnameplate.com](mailto:sabrinad@gmnameplate.com).

**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 Human Resources on behalf of the plan administrator, at [sabrinad@gmnameplate.com](mailto:sabrinad@gmnameplate.com) to request a paper copy.

**Consent to Receive GM Nameplate, Inc. Health Care Plan & Life and Disability Plan Disclosures Electronically**

I have received and read the Statement Regarding GM Nameplate, Inc. Health Care Plan & Life and Disability Plan Electronic Disclosures (the Statement). I consent to receiving ERISA documents electronically as described in the Statement, including at the email address indicated below. I confirm that I have the ability to access information in the electronic format described in the Statement.

I understand that if my e-mail address changes or I wish to withdraw this consent, I must notify Human Resources by sending an e-mail message to [sabrinad@gmnameplate.com](mailto:sabrinad@gmnameplate.com).

I understand I will receive copies of the types of document described in the Statement *only* in the electronic format described unless I request a paper copy of such document.

**Printed Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_