

SEAFARERS HEALTH AND BENEFITS PLAN
SEAFARERS PENSION PLAN
SEAFARERS MONEY PURCHASE PENSION PLAN
SEAFARERS VACATION PLAN

5201 Auth Way
Camp Springs, Maryland 20746-4275
(301) 899-0675

Margaret R. Bowen
Administrator

August 31, 2018

Re: Consent to Receive Certain Plan Documents by Electronic Delivery

Dear Plan Participant:

We are sending this letter to you because you are eligible for benefits now or may become eligible for benefits in the future from the Seafarers Benefit Plans ("Plans"). The Plans currently mail certain non-confidential plan documents to you. The same information is available online at www.seafarers.org, and may be contained in the Seafarers LOG or provided at Union meetings. You also have the option to receive these non-confidential documents electronically, instead of by mail. Electronic delivery provides you the convenience of immediate access to these documents with an internet connection.

These non-confidential plan documents include Summary Plan Descriptions (SPD), SHBP Summary of Benefits and Coverage, Annual Funding Notices, notices regarding changes in benefits, and other notices required by federal regulations. If you consent to electronic delivery, the Plans will send you an email when an important non-confidential plan document is available online at www.seafarers.org, rather than mailing the document to you. If you change your mind, you can still receive the documents free of charge by mail upon request. In order to withdraw your consent to electronic delivery you must notify the Plans' Administrator in writing. ***Of course, the Plans will continue to mail documents to you that contain confidential information such as Explanation of Benefits, Account Statements, Medical ID Cards, and any document that contains personal information.***

In order to access documents from www.seafarers.org you must have access to an electronic device with internet access, such as a computer or smart phone, which is compatible with software that can view Portable Document Format (PDF) files, such as Adobe Acrobat Reader® version 6.0 or higher.

If you would like to consent to the electronic delivery of these plan documents, complete and return the enclosed form by: e-mail: map@seafarers.org; fax: (301) 702-6061; or mail: Seafarers Benefit Plans, Attn: MAP, 5201 Auth Way, Camp Springs, MD 20746.

If you have any questions regarding this notice, contact the Seafarers Member Assistance Program at (800) 252-4674 (Option 2) or map@seafarers.org. Additional information regarding the Plans can be found online at www.seafarers.org under the Member Benefits tab.

Sincerely,

Margaret R. Bowen
Administrator



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5201 Auth Way ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6061 ■ www.seafarers.org

ELECTRONIC CONSENT FORM

This form is for a Participant in the Seafarers Benefits Plans ("Plans") electing to receive certain non-confidential plan documents by electronic delivery. Complete Section 1 as it applies to you. Section 2 of the form must be signed by you. This consent to receive certain non-confidential plan documents by electronic delivery will carry forward for the Seafarers Health and Benefits Plan, Seafarers Pension Plan, Seafarers Money Purchase Pension Plan, and Seafarers Vacation Plan, if applicable. Complete and return the form by: email: map@seafarers.org; fax: (301) 702-6061; or mail: Seafarers Benefit Plans, Attn: MAP, 5201 Auth Way, Camp Springs, MD 20746

1 Participant's Information	Marital Status Single Married Divorced Widow(er)
Full Name (First, Middle Initial, Last) _____	Update Member Portal Account Email? Yes ■ If you want the Seafarers Benefit Plans to update your current Member Portal Account Email, the Plans will contact you directly regarding the setup of your Member Portal Account. No ■ You may update your email address anytime in your Member Portal Account at www.seafarers.org or by notifying the Seafarers Benefit Plans' Administrator in writing.
XXX-XX- Social Security Number Date of Birth	

Mailing Address _____	
City State Zip Code	

Cell Phone Number Home Phone Number	

Email _____	

2 Participant's Signature
<p>I consent to receive non-confidential plan documents by electronic delivery. I realize that these documents include Summary Plan Descriptions (SPD), SHBP Summary of Benefits and Coverage, Annual Funding Notices, notices regarding changes in benefits, and other notices required by federal regulations. I understand that the Plans will send an email to the email address listed above when an important non-confidential plan document is available online at www.seafarers.org, rather than mailing the non-confidential plan documents to the mailing address above.</p> <p>I am aware that if I change my mind, I can still receive the documents free of charge by mail upon request. I know that to withdraw my consent to electronic delivery I must notify the Plans' Administrator in writing. I understand that the Plans will continue to mail documents to the mailing address above that contain confidential information such as Explanation of Benefits, Account Statements, Medical ID Cards, and any document that contains personal information.</p> <p>I understand that in order to access documents from www.seafarers.org that I must have access to an electronic device with internet access, such as a computer or smart phone, which is compatible with software that can view Portable Document Format (PDF) files, such as Adobe Acrobat Reader® version 6.0 or higher.</p> <p>I certify that the above information is true and correct, and I have provided this information with the understanding that the applicable Seafarers Benefit Plans will rely on the information for electronic delivery purposes.</p>
Participant's Signature Date Signed

DISCLAIMER: This email address will only be used to communicate Seafarers Benefit Plans information. It will not be shared with any other entities.

IMPORTANT NOTE: If there has been a change in your marital status, dependent status, or designated beneficiary, update your information with the Plans immediately. You may request any of the Seafarers Benefit Plans' forms by calling (800) 252-4674 (Option 2). You may also find them online at www.seafarers.org under the Member Benefits tab or at your local port.