



E-Sign Disclosure and Consent

Delta Dental is required by law to provide certain information in writing regarding your insurance policy. The federal E-SIGN Act and certain state laws allow us to provide information electronically, with your prior consent. We also need your general consent to use electronic records and signatures in our relationship with you. Before you obtain insurance coverage, you must review and consent to the terms below. **You understand that your signature is legally binding, whether electronic or signed on paper.** *Please print a copy of this consent for your records.*

Electronic Signature and Electronic Delivery of Disclosures and Notices

By clicking “I agree” and/or by providing your email address to us, you agree that Delta Dental may provide you with information related to your insurance policy in electronic format until you withdraw consent. Your consent to receive electronic communications and transactions includes all of the forms and documents on this website, which include but are not limited to:

- Applications for coverage
- ID cards
- Disclosures
- Policy contracts
- Notices
- Responses to communications

By providing your consent, you are confirming you have the hardware and software required, that you are able to receive and review electronic records, and that you have an active email account. Your consent to use electronic signatures and documents applies only to forms and notices related to your request for dental coverage. Your consent does not include policy cancellation or termination notices.

Paper Signature and Paper Delivery of Disclosures and Notices

You have the right to receive a paper copy of forms, notices and communications. There is no cost to receive paper copies of your electronic records. If you wish to receive a paper copy of any documents; provide your name, mailing address, daytime phone number and the title of the documents you wish to receive, and send the request through one of the following:

- **Email:** CustomerSupport@deltadentalcoversme.com
- **Toll-free:** 888.899.3734
- **Logging onto:** My Account at [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) and changing your delivery preferences
- **Mail:** Delta Dental, P.O. Box 103, Stevens Point, WI 54481-0103

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E-Sign Disclosure and Consent (continued)

It is your responsibility to provide Delta Dental with a true, accurate and complete e-mail address, contact name, and other information related to the Disclosure and your Account(s), and to maintain changes to this information. You can update your information (such as your e-mail address) by contacting us at the address and phone number at the bottom of this page.

System Requirements

In order to use electronic signatures and to receive electronic communications from Delta Dental, you must have all of the following:

- A computer or device that can connect to the Internet;
- An e-mail address;
- An up-to-date web browser such as Google Chrome, Mozilla Firefox, Microsoft Edge or Safari and software such as Adobe Acrobat Reader that allows you to view Portable Document Format (PDF) files (download for free at www.adobe.com/acrobat/pdf-reader.html).

Withdrawal of Electronic Acceptance of Disclosures and Notices

You may withdraw your consent to receive electronic communications at any time by contacting us at CustomerSupport@deltadentalcoversme.com. Provide your name, mailing address, daytime telephone number, and a description of the type of transaction from which you are withdrawing your consent. You may also visit DeltaDentalCoversMe.com to revoke consent. There are no conditions, consequences or fees to withdraw consent to receive electronic communications from Delta Dental.