

Electronic Delivery Statement of my Rights

I have read and agree to receive all documents and communications regarding my Policy, benefits, and Explanation of Benefits electronically. I understand that agreeing to electronic delivery I need to have access to hardware and software that supports a web browser or suitable plugin for opening a file in portable document form such as Acrobat Reader. Additionally, I understand that I will not receive physical paper statements or communications via postal mail. I agree that all electronic documents will be sent to the email address provided during the enrollment process or to any updated email address I may provide in the future. I further acknowledge that it is my responsibility to ensure that my email address is accurate and up to date. I understand that I can change my consent at any time and can request a paper copy of any statement or communication without consequences or fees for withdrawing my consent to electronic documents by logging onto www.DeltaDentalCoversMe.com and changing my delivery preferences.