

Consent Form

FORM NO. 9

Electronic Documentation

I hereby authorize and direct the SGEU Long Term Disability Plan and/or the plan's medical adjudicator to contact me electronically regarding any aspect of my application and/or claim file (including but not limited to; requesting documents, requesting dues, updating contact information, etc)

By providing an email address, I consent to having this information added to my application and/or claim file.

Email: _____

Member's Name

Signature

Date

This consent shall remain valid for the duration of my claim for benefits unless previously revoked, in writing, by me or my representative signing this form. Any photocopy or electronic copy of this authorization shall be as valid as the original.