



The Independent Colleges and Universities Benefits Association Consent for the Electronic Delivery of Annual Notices

September 2025

Please read this document carefully to learn more about your options for receiving ICUBA's Annual Notices.

ICUBA Plan Participant

The purpose of this notice is to inform you of your options for receiving ICUBA's Required Annual Notices regarding your healthcare coverage as an ICUBA member.

If you have work-related computer access, Required Annual Notices from ICUBA will be sent to you electronically at the email address provided by your employer, unless you request a paper copy using the process outlined below.

If you **do not have** work-related computer access, Required Annual Notices from ICUBA will be sent via US Mail **unless you provide your affirmative consent** by completing the Consent to Electronic Documentation form online at www.icubabenefits.info/annualnotice or by following the instructions outlined in this communication.

Notice of the Right to Withdraw Consent:

I understand that if I consent to receive documents electronically, I may withdraw my consent at any time by updating communication preferences at www.icubabenefits.info/annualnotice, or by emailing info@icuba.org and including my full name, phone number, and mailing address where future notices are to be sent.

Notice of the Right to Update E-mail Address:

I understand that I may update the email address used for electronic delivery notices at any time. To change my email address, I understand that I must update my email address in the ICUBA Benefits Portal or provide it to my employer if my school does not use the ICUBA Benefits Portal for enrollment.

Notice of the Right to Request Paper Notices:

I understand that I am entitled to obtain a paper version of any electronically furnished document free of charge at any time by completing the Request for Paper Delivery of ICUBA's Annual Notice form available at www.icubabenefits.info/annualnotice, or I may email info@icuba.org and include my full name, phone number, and mailing address where my paper version should be sent.

Notice of Hardware or Software Requirements:

I acknowledge that the following equipment is required for accessing and retaining electronically furnished documents:

- Personal computer or mobile device capable of accessing the internet
- An email account that allows me to send and receive emails
- Microsoft Word or PDF viewer

Consent to Receive Documentation Electronically:

By submitting this form, I hereby consent to electronic disclosure of the following notices and documents that ICUBA is required to provide me under ERISA:

- Important Notice from ICUBA About Your Prescription Drug Coverage and Medicare
- HIPAA Important Comprehensive Notice of Privacy Policy and Procedures
- Employee Health Care Plan Notice of Special Enrollment Rights
- General COBRA Notice
- Notice of Right to Designate Primary Care Provider and of No Obligation for Pre-Authorization for Ob/Gyn Care
- Women’s Health and Cancer Rights Annual Notice
- Notice for Employer-Sponsored Wellness Programs
- Health Insurance Marketplace Coverage
- Premium assistance under Medicaid and the Children’s Health Insurance Program (CHIP) Notice
- Newborns and Mothers Health Protection Act Notice
- Your Rights and Protections Against Surprise Medical Bills

In addition to your right to receive Annual Notices from ICUBA in paper format or electronically, you may also access these notices online at www.icubabenefits.info/consent.

I hereby confirm that I have carefully read the enclosed notice and consent form. I understand that I can request a paper copy at any time without charge, and that I can withdraw this consent at any time. I also confirm that I have the ability and the necessary equipment to access the applicable websites and view documents.

First Name: _____ Last Name: _____

Email Address: _____ Date: _____

Signature: _____

Consent Directions:

To consent to electronic delivery of ICUBA’s Annual Notice, complete the consent form online at www.icubabenefits.info/annualnotice or complete and sign this page and mail it to:

ICUBA
ATTN: ELECTRONIC CONSENT
PO BOX 616927
ORLANDO, FLORIDA
32861

You may also print this form and email it to info@icuba.org.