COUNTY OF SUFFOLK

STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HUMAN RESOURCES
PERSONNEL AND CIVIL SERVICE

THOMAS MELITO
PERSONNEL OFFICER

Notice of Electronic Disclosure

The Employee Medical Health Plan in conjunction with the Employee Benefits Unit will be going paperless and will be emailing all correspondence and notifications regarding your health benefits. Communicating via email will allow you to receive important information regarding your health benefits in a timely manner directly to your home.

Prior to consenting, you should understand that:

All Employee Memoranda benefit notices, announcements, Summary of Benefits and Coverage notices or other benefits related documentation as well as any enrollment and eligibility correspondence and notifications will be sent to your personal email address, which you provide to the Employee Benefits Unit.

If your e-mail address changes after this submission, please notify Suffolk County Employee Benefits Unit via email at ebucontactinfo@suffolkcountyny.gov or by phone at 631-853-4866 so that your email address can be updated.

You have the right to withdraw your consent to electronic distribution at any time. To withdraw consent, you must notify Suffolk County Employee Benefits via email at ebucontactinfo@suffolkcountyny.gov or by phone at 631-853-4866.

I consent to the electronic disclosure of all Suffolk County Employee Medical Health Plan (EMHP) notices, including Summary of Benefits and Coverage, and other related benefit notices as well as all enrollment and eligibility correspondence and notifications from the Employee Benefits Unit.

I acknowledge that I have read the "Notice of Electronic Disclosure" and understand that I am entitled to withdraw my consent at any time, which must be provided in writing. I understand that I must notify the Employee Benefits Unit if there are any changes to the email address, via email at ebucontactinfo@suffolkcountyny.gov or by phone at 631-853-4866 and have the right to receive paper copies of all EMHP and Employee Benefits information and notifications. I also confirm that I have the ability and the necessary equipment and software to access www.emhp.org or to open and view documents provided via email.

_____ _____

Name of Employee /Retiree/Dependent Survivor
(*Please print clearly)*

Signature of Employee/Retiree/Dependent Survivor

_____ _____

Email Address of Employee/Retiree/Dependent Survivor
(Please print clearly)

EMHP I.D. # (*Number from your Health Benefits Card)*
Employee/Retiree/Dependent Survivor Health

LOCATION:
WILLIAM J. LINDSAY COUNTY COMPLEX – Bldg. #158
725 VETERANS MEMORIAL HIGHWAY

MAILING ADDRESS:
P.O. BOX 6100
HAUPPAUGE, NY 11788-0099

(631) 853-4866
FAX: (631) 853-6396