

E-Sign Disclosure and Consent

We are required by law to provide you with certain information in writing regarding your insurance policy. The federal E-SIGN Act and certain state laws allow us to provide information to you electronically, with your prior consent. We also need your general consent to use electronic records and signatures in our relationship with you. So, before you obtain insurance coverage, you must review and consent to the terms outlined 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 providing your email address to us, you agree that we may provide you with any information related to your insurance policy in electronic format until you withdraw your consent, as described below. 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
- Disclosures,
- Notices,
- ID cards,
- Policy contracts, and
- Responses to communications from you.

By providing your consent, you are also confirming that you have the hardware and software described below, 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 through us.

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 the forms, notices and other communications described above. There is no cost to receive paper copies of any electronic records. If you wish to receive a paper copy of any of the forms listed above, please provide your name, mailing address, daytime telephone number, and the documents you wish to receive to one of the following:

- Email: CustomerSupport@deltadentalcoversme.com
- Toll-free: 888-899-3734
- Logging onto My Account at DeltaDentalCoversMe.com and changing your delivery preferences

- Mail: Delta Dental
P.O. Box 103
Stevens Point, WI 54481-0103

It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to the Disclosure and your Account(s), and to maintain and update promptly any changes in this information. You can update information (such as your e-mail address) by contacting us at the addresses and phone numbers listed above.

System Requirements

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

- A personal computer or other device that can connect to the Internet;
- An e-mail address;
- A web browser;
- Software that supports Internet Explorer 7 or Firefox and enables you to receive and view Portable Document Format (PDF) files, such as Adobe Acrobat Reader (available for free download at <http://get.adobe.com/reader/>)

Withdrawal of Electronic Acceptance of Disclosures and Notices

You may withdraw your consent to receive electronic communications at any time. If you wish to do so, please notify us at CustomerSupport@deltadentalcoversme.com and 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 our website, www.DeltaDentalCoversMe.com, to revoke your consent. There are no conditions, consequences or fees to the withdrawal of your consent to receive electronic communications from us.