

## **FOR INFORMATIONAL PURPOSES ONLY**

### **AMERICAN FAMILY LIFE ASSURANCE COMPANY**

(herein referred to as Aflac)

Worldwide Headquarters • Columbus, Georgia 31999

A Stock Company

### **Consent for Electronic Transactions, Records and Signatures**

In this Consent for Electronic Transactions, Records and Signatures ("Consent"), "We," "Us," and "Our" means American Family Life Assurance Company of Columbus ("Aflac Columbus"), Tier One Insurance Company ("Tier One"), Continental American Insurance Company ("Aflac Group"), EmpoweredBenefits, LLC which operates the Everwell enrollment platform, and each and every current and future affiliate of these entities (collectively referred to as "Aflac US"). Your rights pertaining to electronic transactions, including the right to consent to receive your records electronically and use of your electronic signature, with Us, including online enrollment and profile updates, beneficiary designations, claims management and other similar functions are outlined below. We can only give you access to these services if you agree to conduct business with Us electronically. In order to do this, we need your consent.

By clicking below, or submitting this Consent electronically, as applicable, you acknowledge that you have read, understand and agree to the entire contents of this Consent, to include the use of electronic transactions, electronic signatures, and electronic delivery of records. If you do not wish to proceed and utilize electronic transactions, electronic signatures, and electronic delivery of records, please contact Us or your Human Resources Department or benefits administrator for assistance.

Please read this information carefully and print a copy and/or retain this Consent electronically that details your rights regarding electronic transactions, electronic signatures, and electronic records.

#### **Electronic Communications and Consent:**

You consent and agree that any electronic transactions you conduct with Us, or any records you receive from Us will be provided to you electronically through your online account, or to the email address, phone number or other electronic communication method you have provided to Us. By providing your consent, you are consenting to receive communications from Us related to or arising from your application(s) for insurance coverage ("Documents") in electronic format. You will receive such Documents in electronic form, as opposed to paper Documents. If coverage is issued in response to your application, "Documents" will also include communications sent by Us to you via email, chat or text message regarding your coverage, changes or updates to your coverage, the annual privacy notice, legal notifications, claims and claims status. We will e-mail you a link to such communications. You also consent and agree to the use of electronic symbols, sounds or processes as an electronic signature signifying your intent to be bound by any agreement that requires electronic signature. Electronic communications sent by Us are sent via commercially acceptable secure transmission methods, including, but not limited to encryption; however, based on the type of security You maintain for your email address, mobile phone number or other electronic device, that encryption may be impacted and information containing personally identifiable information or personal health information may not maintain its encrypted status based on Your technical requirements. This

**FOR INFORMATION, VISIT OUR WEB SITE AT [AFLAC.COM](http://AFLAC.COM) TO EMAIL OR CHAT.  
YOU CAN ALSO CALL TOLL-FREE 1-800-992-3522.**

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consent applies to any current transaction, as well as future transactions with Us, including, but not limited to, sale or purchase, claims, contractual or policy changes, etc. Your consent today will only apply to communications that are available and provided in electronic format. You may therefore also receive other communications in a non-electronic written format via United States Postal Service mail. Should coverage not be issued in response to application(s) for insurance, or if the coverage issued is different than that which was applied for, communication of such results may be in written format and delivered via U.S.P.S., to the extent required by law. We may also send you communications in writing at our discretion.

### **Right to Paper Records:**

If you wish to obtain a paper copy of the Documents, you may contact the customer service center that is applicable to you. The applicable contact information can be found on the insurance carrier's website with whom you have applied for or currently have coverage. It is also listed below for your convenience. We may charge you a reasonable fee for such a request, to the extent permitted by law. You agree that we may take a reasonable amount of time to fulfill any request of a paper copy of your records.

### **Withdrawal of Consent:**

If you no longer wish to receive the Documents electronically or conduct electronic transactions with Us, you may withdraw your consent at any time by updating your communication preferences in your online account, if applicable, or contacting the customer service center that is applicable to you. Customer service center contact information can be found on the "Contact Us" section of the insurance carrier's website with whom you have applied for or currently have coverage, and is also listed below for your convenience. For South Carolina residents, withdrawal of consent to electronic delivery will not be effective until four (4) business days after receipt of the withdrawal by Us. Your withdrawal will not affect the legal effectiveness, validity or enforceability of a notice or document sent or delivered electronically before the withdrawal of consent if effective. If you withdraw your consent, you agree that we may charge you a reasonable fee for future communications in writing, to the extent not prohibited by law. Further, withdrawal of your consent may result in the termination of your ability to manage your policy(ies) electronically, submit online claims, and receive email updates about your coverage.

### **Updating Your Email Address or Other Electronic Communication Method:**

Emails will be sent to the e-mail address you provided to Us as part of your online account registration, or insurance application. Additionally, you must promptly notify Us of any change to your email address, mobile telephone number, or any other electronic address that you have provided Us for the purpose of receiving electronic Documents under this Consent Statement. You may do this by logging into your online account with Us, as applicable, and updating your contact information. If you have provided contact information to Us via another online method, there will be separate instructions for you to follow on that page. You agree that We have no obligation to resend, retransmit, or otherwise deliver any electronic record that We have sent to you to the contact information you have provided Us and that has been returned to us as

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“undeliverable” or was otherwise rejected for delivery unless specifically required to do so by law.

### **Hardware and Software Requirements**

You are responsible for accessing, opening and reading your Documents. If you cannot access or read any Documents, you must contact Aflac immediately at 800-992-3522. In order to receive and view electronic communications from Aflac, you must have access to the Internet and your system must meet the following minimum hardware and software requirements:

- A connection to the internet, such as Internet Explorer 6.0 or better.
- A valid email address that is capable of receiving emails from Aflac and/or the Platform.
- You must have Adobe Acrobat Reader, Version 4.0 or higher to view electronic documents. You may download this application for free at the following Web address:  
<http://www.adobe.com/products/acrobat/readstep2.html>.

The information you send to Aflac is encrypted. Aflac uses an industry standard Secure Socket Layer (SSL) to allow for encryption of Access Information and other personal information.

### **Signature**

By providing my electronic signature, below, I request and consent to receive an electronic copy of my policy, instead of a paper copy, and electronic Documents as otherwise described in this form, including personal or health information that may include protected health information (PHI) subject to HIPAA. I understand not all electronic communications are necessarily confidential and there may be some level of risk that information could be read by a third party. I should maintain a strong password and not share it with others. I also understand I should not communicate sensitive information (such as social security number, date of birth, or financial/payment information) back to Aflac and/or the Platform via email, text or chat message. Instead, I should use my login credentials to login to my online account, or contact access the MyAflac Web site or contact Aflac at the telephone number listed below. I agree to hold Aflac and/or the Platform harmless for relying on the consent I am hereby submitting.

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