7.23F—LICENSED PERSONNEL ELECTRONIC RECEIPT OF STATEMENTS CONSENT FORM

To receive an electronic copy of the statement concerning the tax information for your health insurance coverage, please complete the following information:

Name: _____

E-mail address: _____

Phone Number: _____

Mailing Address:
_____

City: _____ State: _____ Zip Code: _____

(The phone number and mailing address shall only be used for the purpose of acquiring a replacement e-mail address to send a copy of the Statement of Return (Statement) in the event the District receives an "unable to deliver" notification when the District sends an electronic copy of the Statement to the provided e-mail address.)

Disclosures

An individual who consents to receive an electronic copy of the Statement shall be deemed to be aware of, and agree to, the following disclosures:

1. I shall receive a paper copy of the Statement unless I consent to receive an electronic copy;
2. My consent to receive an electronic copy of the Statement shall be effective for all future Statements unless I withdraw my consent or it is terminated in accordance with this agreement;
3. The District shall terminate the sending of electronic Statements upon the occurrence of any of the following:
    - Thirty (30) days after the District receives a written request to withdraw consent;
    - There is a change in hardware or software that has a material impact on my ability to receive the electronic version of the Statement;
    - February 1 of the year following any of the following:
        - Termination of my employment;
        - My retirement from employment;
        - My death;

4. I may request a paper copy of the Statement even though I have consented to receive an electronic copy of the Statement. The request for a paper copy must be in writing, either electronically or on paper, and shall be delivered to the Human Resources Department. A request to receive a paper copy shall not constitute a withdrawal of consent to receive an electronic copy of the Statement unless I affirmatively state that the request constitutes a withdrawal.

5. I shall receive from the District through either mail or e-mail a confirmation of my withdrawal of consent and the date the withdrawal shall become effective;

6. A withdrawal of consent shall not apply to an electronic copy of the Statement that is sent prior to the effective date of the withdrawal;

7. I am responsible for making sure that the District has my current contact information. I may update any changes to my contact information by sending an amended copy of the Electronic Receipt of Statements Consent Form to the Human Resources Department;

8. The District shall contact me with any changes in the District's contact information;

9. The District shall furnish electronic copies of the Statement in the Portable Document Format (PDF);

10. Arkansas or Federal law could require the printing of a copy of the Statement to attach to a Federal, State, or local tax return;

11. The e-mail containing the electronic copy of the Statement shall have the subject line of "Important Tax Return Document Available" in all capital letters.

I certify that I have read the disclosures and that I wish to affirmatively consent to receive my copy of the Statement in an electronic format.

Signature: _____ Date: _____