



**CITY OF SALEM  
ELECTRONIC DISCLOSURE OF PLAN INFORMATION**

Individuals entitled to receive benefits under City of Salem Group Health Insurance Plans are also entitled to be furnished with certain documents including a summary of the City of Salem’s benefit plans. City of Salem intends to provide this summary plan description and other required plan notices and materials to you via electronic delivery.

**Electronic Delivery Method**

The summary plan descriptions and other plan notices and materials will be located on our web site [www.cityofsalem.net](http://www.cityofsalem.net). If any hardware or software requirements change in a way that creates a material risk that you will no longer be able to access electronically transmitted documents, you will be furnished with the appropriate notice.

**Your Right to a Paper Copy**

You have a right to request and obtain a paper version of the documents at no charge. Contact the Benefits Division at 503-588-6162 or email [benefits@cityofsalem.net](mailto:benefits@cityofsalem.net) to request a paper copy.

**Disclaimer**

City of Salem reserves the right to make changes to the website, the documents on the site and these statements, notices, and disclaimers at any time and for any reason. City of Salem believes the content of the electronic documents are reliable and current, but accuracy or completeness is not guaranteed. Although the City will attempt to update the electronic documents frequently with changes in the plans, the law and/or the tax codes, City of Salem does not undertake any responsibility to immediately update the content of the document to reflect these changes. If any conflicts exist between the electronic documents and the legal plan documents, the legal plan documents will always govern.

If you have any questions regarding the website or the City of Salem benefit plans, please contact the Benefits Division at 503-588-6162, or email [benefits@cityofsalem.net](mailto:benefits@cityofsalem.net).

Please sign and return the form via email, interoffice mail, or drop off at the Human Resources office:  
City of Salem  
Human Resources, Benefits  
295 Church St SE, Suite 210  
Salem, OR 97301

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Please print name

Thank you for your effort to reduce paper by accepting electronic delivery of the City of Salem Plan documents.

Employer Use Only			
HR Representative: _____	Date: _____	Employee# _____	<input type="checkbox"/> Tracking List (New hire only)