



Memorandum

To: City of Eugene Employees

From: Risk Services, Benefits Program

Subject: Summary of Benefits and Coverage and Benefit Handbook Opt-Out

I _____ hereby opt-out of receiving paper copies of the following:

- Summary of Benefits and Coverage (SBC).
- Benefits Handbook

This opt-out will remain in effect unless I choose to revoke it by contacting the Employee Benefits Program at 541-682-5062 or in writing to Risk Services attention Benefits Program, 940 Willamette Street Suite 200 Eugene, OR 97401.

The most current SBC's and handbooks are always available from home or at work on the internet at www.eugene-or.gov/employeebenefits, under Health Benefits.

Date: _____ Employee ID: _____

Signature: _____