

Living Alternatives for the Developmentally Disabled

Consent Form

The purpose of this notice is to inform you that **Living Alternatives for the Developmentally Disabled** is offering you the opportunity to receive electronically, information about how to enroll in your employee benefits via an enrollment platform called "Ease".

If at any point in the future, your email address changes, please notify the Human Resource department.

By signing this form, you are providing your consent to receive an email, at the address provided below, regarding your employee benefit enrollment.

By signing this form, you acknowledge that you may withdraw your consent at any time.

Employee Name

Date

Employee Email Address

X
