

ELECTRONIC NOTIFICATION
(Summary Plan Descriptions, Annual Reports and Materials,
Modification Summaries and Medical and Health Notices)

ERISA requires that a Summary Plan Description be accurate and comprehensive. The purpose of the Summary Plan Description is to summarize the contents of a welfare benefit plan and to inform the participants of their rights and obligations under the plan.

Please be advised that the Summary Plan Descriptions, Annual Reports, Material Modification Summaries and Medical and Health Notifications for the following policies can be found on line www.clowstamping.com (internet); or can be accessed through the Clow Stamping Company internal (intranet) posting sites located on Supervisor/Manager training computers throughout the plant. They may also be found on file in the Clow Stamping Company Human Resources Department.

CLOW STAMPING COMPANY Group Health Plan
UNUM Group Term Life and Accidental Death and Dismemberment Plan
UNUM Group Short Term Disability Plan
UNUM Long Term Disability Plan
UNUM Additional Life Plan
MET LIFE Dental Plan
TAVELER'S Identity Fraud Protection
AMERICAN FAMILY LIFE ASSURANCE COMPANY (AFLAC)
 Cancer Plan, Intensive Care Plan and Hospitalization Plans
CLOW STAMPING COMPANY 401K Plan
CLOW STAMPING COMPANY FLEXIBLE BENEFIT PLAN – (With Premium
 Payment, Health FSA, HSA & Dependent Care Assistance Program Components)
HIPAA Privacy Notice, Special Enrollment, and Women's Health and Cancer Rights
 Act of 1998
CHIPRA (Children's Health Insurance Reauthorization) Notice
PRE-EXISTING Condition and CREDITABLE COVERAGE Notice
MEDICARE PART D CREDITABLE COVERAGE Notice
COBRA Notice
Qualified Medical Support Order
Safety Handbook
Drugs and Alcohol Policy

The Summary Plan Descriptions, Annual Reports, Material Modification Summaries and Medical and Health Notices are on file in written form in the Human Resources Department of Clow Stamping Company.

Please be advised that if you sign to accept receipt of this information by electronic version, you may revoke that disclosure decision at any time, with no charge, by contacting the Human Resource Department of Clow Stamping Company.

Please sign and return this form, giving your consent for acceptance of all Summary Plan Descriptions, Annual Reports, Material Modification Summaries and Medical and Health Notices by electronic version at www.clowstamping.com.

ELECTRONIC NOTIFICATION ACCEPTANCE

EMPLOYEE NAME _____

EMPLOYEE NUMBER _____ NOTIFICATION DATE 11/1/10

By signing this consent form I consent to receive all the below listed Summary Plan Descriptions, Annual Reports, Material Modification Summaries and Medical and Health Notices by electronic version.

I understand that I may revoke my decision and receive written copy of said information at any time and at no cost to me.

CLOW STAMPING COMPANY Group Health Plan
UNUM Group Term Life and Accidental Death and Dismemberment Plan
UNUM Group Short Term Disability Plan
UNUM Long Term Disability Plan
UNUM Additional Life Plan
BROKER'S NATIONAL Dental Plan
AMERICAN FAMILY LIFE ASSURANCE COMPANY (AFLAC)
Cancer Plan, Intensive Care Plan and Hospitalization Plans
CLOW STAMPING COMPANY 401K Plan
CLOW STAMPING COMPANY FLEXIBLE BENEFIT PLAN – (With Premium
Payment, Health FSA, HSA & Dependent Care Assistance Program Components)
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Safety Handbook
Drug and Alcohol Policy

Employee Signature

Date

RETURN TO HUMAN RESOURCES DEPARTMENT BY November 15, 2010