

# Withdrawal of Consent for Electronic W-2

## SECTION I: Employee Information

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

I would like to withdraw my consent for electronic-only delivery of my Form W-2, and request that GMS mail a printed Form W-2 to my current address on file with GMS.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to:

Grace Management Services, Inc  
Attn: HR/Withdrawal of Consent  
3885 Oberlin Ave  
Lorain, OH 44053  
440-989-5200  
Email: [info@sprengerhealthcare.com](mailto:info@sprengerhealthcare.com)

For Office Use Only:

Date received and processed \_\_\_\_\_

Initials of processor \_\_\_\_\_

Return a copy of this form to employee as confirmation of receipt.