

INDIVIDUAL RIGHTS REQUEST FORM

Please answer the following questions to process your request under the California Consumer Privacy Act in relation to your personal data.

1. About You

| | | |
|--|-----------------------------------|-----------------------------------|
| Title | | |
| Name | | |
| Address | | |
| Town/City | | |
| Zip code | | |
| State | | |
| Contact phone number | | |
| Email address | | |
| If we have a question, how would you like us to contact you? (<i>select one</i>) | | |
| By mail <input type="checkbox"/> | By email <input type="checkbox"/> | By phone <input type="checkbox"/> |

2. Further details

| | | |
|--|---|---------------------------------|
| Is this your personal request? | | |
| <input type="checkbox"/> | Yes, I am the individual requesting (we will ask you to confirm your identity) | |
| <input type="checkbox"/> | No, I am acting on behalf of the individual with their express permission, or with the appropriate legal authority (we will ask for a letter of authority). | |
| Which category below best describes you? (<i>select one</i>) | | |
| Website User/Customer <input type="checkbox"/> | Employee/Contractor <input type="checkbox"/> | Other: <input type="checkbox"/> |

3. The Request

| | |
|--|--|
| Which right/s do you want to exercise? (<i>check all that apply</i>) | Access <input type="checkbox"/> |
| | Deletion <input type="checkbox"/> |
| | Opt-out of sale <input type="checkbox"/> |
| What information does your request relate to? | |
| When/how did you supply or share this information, if relevant? (Approximate dates will help us) | |
| If you would like to limit your request to certain dates/categories, please specify: | |

4. Next Steps

Please send a copy of the completed form to Health Union's Privacy Officer via email: Privacy@health-union.com; fax: 484-450-2513; or US mail to the following address:
Health Union, LLC Attn: Privacy Officer
1 International Plaza, Suite 550
Philadelphia, PA 19113

Upon receipt, we may request from you some further documentation to authenticate your identity.

Please retain a copy of this form for your own records.