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

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Town/City</td>
</tr>
<tr>
<td>Zip code</td>
<td>State</td>
</tr>
<tr>
<td>Contact phone number</td>
<td>Email address</td>
</tr>
</tbody>
</table>

If we have a question, how would you like us to contact you? *(select one)*

- [ ] By mail
- [ ] By email
- [ ] By phone

2. Further details

Is this your personal request?

- [ ] Yes, I am the individual requesting *(we will ask you to confirm your identity)*
- [ ] 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? *(select one)*

- [ ] Website User/Customer
- [ ] Employee/Contractor
- [ ] Other:

3. The Request

Which right/s do you want to exercise? *(check all that apply)*

- Access
- Deletion
- Opt-out of sale

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.