

## Arbitration Opt-Out Notice

I am writing to notify you that I desire to opt out of the agreement to arbitrate contained in the BenefitHub T&Cs. As required under the T&Cs, I have provided the requested opt-out information below.

### Opt-Out Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_  
State/Province Where I Reside: \_\_\_\_\_  
Zip Code/Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email address(es) associated with your Account(s) for which you are opting out of the agreement to arbitrate: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please mail the completed form to the following address:**

**BenefitHub, Inc.  
169 Madison Ave, Suite 11773  
New York, NY 10016  
U.S.A.  
Attn: Legal Department**

**This opt-out notice must be postmarked no later than 30 days after the later of the publication date of the T&Cs or the date that you accepted the T&Cs first time. In addition, this opt-out notice must be postmarked no later than 30 days after the publication date of any changes to the agreement to arbitrate. It is your responsibility to mail the opt-out notice by the applicable deadline.**