

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 Services T&Cs. As required under the T&Cs, I've provided the requested opt-out information below.

Opt-out Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

State Where I Reside: _____

Zip 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.
4030 W. Boy Scout Blvd., Suite 400
Tampa, FL 33607
Attn: Legal Department**

This opt-out notice must be postmarked no later than 30 days after the date you accept the T&Cs or the agreement to arbitrate for the first time. It's your responsibility to mail the opt-out notice by the applicable deadline.