

### 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.**