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? (select one) By mail By email By phone 2. Further details Is this your personal request? 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 rights do you want to exercise? (check all that apply) When though 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: 484-480-2913, or US mail to the following address: Help us) 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.	INDIVIDUAL RIGHTS REQUEST FORM								
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