

CCPA Information Request

In order to provide services and perform our role as a third-party benefits administrator, National Benefit Services (NBS) collects various categories of personal information on plan participants. California residents may exercise their rights under the California Consumer Protection Act (CCPA) to request disclosure of the categories of information or the specific personal information, or the deletion of the personal information of yours that NBS collects.

You may request disclosure of the categories of information NBS collects on you as a plan participant via one of the following methods:

1. Complete Section 1 of this form and fax it to (800) 478-1528, Attn: CCPA Information Request
2. Complete Section 1 of this form, scan it and email it back to us at ccpa@nbsbenefits.com

Or, you may request disclosure or deletion of the specific personal information of yours NBS keeps:

1. Complete Section 1 of this form in the presence of a public notary
2. Return the notarized form to us at:

**CCPA Information Request
c/o National Benefit Services
8523 South Redwood Rd.
West Jordan, UT 84088**

Section 1: Request information disclosure/deletion for the following participant:

Full Name

Employer

Address

City

State

Zip

Email

Phone

Please delete the personal information you have for me.

disclose to me the specific personal information you have for me via Email Mail

IMPORTANT: Failure to provide complete address and/or email may result in a delayed response.

Section 2: Notarization *(Only for deletion or specific information disclosure requests, rather than categorical)*

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared

_____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.

Notary Public

Seal