

Opt-Out Form

* denotes required fields

First Name: * _____ Street Address: * _____
Last Name: * _____ City: * _____
E-mail: * _____ State: * _____
Zip/Postal Code: * _____

Do not share my personal information with third parties

Do not sell my information with third parties

Users with disabilities (and any other users) who wish to opt-out of the sale of their personal information can also contact us by emailing us at: privacy@benefitsjustice.com, or sending us U.S. mail to: Benefits Justice, 19900 MacArthur Blvd, #190, Irvine, CA 92626.

If we have a good-faith, reasonable and documented belief that a request to opt-out is fraudulent, we may deny the request

Where you make a request to opt-out of the sale of your personal information through an authorized agent, we will require that you or the authorized agent provide us with a valid written authorization executed by both parties, with the validity of such document determined by us in our reasonable, good faith discretion. Please submit such documentation to us at: privacy@benefitsjustice.com, or sending us U.S. mail to: Benefits Justice, 19900 MacArthur Blvd, #190, Irvine, CA 92626.

For additional discussion of your privacy rights, please visit our Privacy Policy by [Clicking Here](#).