

Request Overview

You should complete this form if you want us to assist you with an information request under HIPAA or certain state legislation as it pertains to personal data held and/or used by CBC Benefit & Insurance Services or Custom Benefit Consultants, Inc (further: "Company"). You are currently entitled to receive this information under as applicable with U.S. State and Federal Laws.

We will endeavor to respond promptly and in any event within 30 days of the latest of the following:

- Our receipt of your written request; or
- Our receipt of any further information we may ask you to provide to enable us to comply with your request.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. Requests for information covered under any state or federal legislation will only be accepted by written request, including the below form. While this specific form is not required, providing the information as requested will likely result in more efficient processing of your request.

SECTION 1 : Details of the person requesting information

Full Name:

Street Address:

City:

State:

Zip Code:

Contact Telephone Number:

Email Address:

SECTION 2: Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

☒ **YES:** I am the data subject.
(please go to section 4)

☒ **NO:** I am acting on behalf of the data subject. I understand that the Company reserves the right to validate both my identity and my authorization to act on behalf of the data subject by confirming directly with the data subject through a phone call with the subject, or another reasonable method.
(please go to section 3)

Prior to releasing any information, the Company will make every reasonable effort to validate the identity of the data subject, or the data subject's delegate. Identity validation will be conducted by way of a follow up phone call to the phone number we have on file for the data subject. Data provided in this form will not be used for identity validation purposes.

If we are unable to validate identity to a reasonable level of comfort, we reserve the right to refuse to grant your request. You are entitled to submit another request for information if your initial request is denied for any reason.

SECTION 3: Details of the data subject (if different from section 1)

Full Name:

Street Address:

City: State: Zip Code:

Contact Telephone Number:

Email Address:

SECTION 4: What information are you seeking?

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.

Please note that if the information you request reveals details directly or indirectly about another person we will have to seek the consent of that person before we can provide that information. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right, in accordance with certain State and Federal Laws, not to provide you with copies of information requested if to do so would take “disproportionate effort”, or in accordance with the Company’s right to charge a fee or refuse the request if it is considered to be “manifestly unfounded or excessive”.

However we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

SECTION 5: Information about the collection and processing of data

Please describe the information you are seeking. Please provide any relevant details you think will help us to identify the information you require.

If you want information about any of the following, please check the boxes:

- ☒ What personal information the Company holds about you.
- ☒ What personal information the Company collects about you.
- ☒ Is my personal information being sold and to whom.
- ☒ Request a change or amendment to your personal information
- ☒ Restrict uses and disclosures for their personal information.

SECTION 7: Declaration

Please note that any attempt to mislead or illegally require the protected information of another individual may result in prosecution under applicable U.S. State and Federal Laws.

I confirm that I have read and understood the terms of this subject access form and certify that the information given in this application to the Company. is true. I understand that it is necessary for the Company to confirm my / the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

I understand that the Company will always err on the side of data privacy and personal protection, and that if I am unable to adequately validate my identity, or my right to receive or access the data I am requesting, it is possible that my request will be denied.

Client Signature:

Sign Date:

SECTION 7: How to Contact Us

Please return the completed form to:

Company Data Protection Coordinator:

InfoRequest@cbcins.com

or fax: 1.855.450.1188

Correcting Information

If after you have received the information you have requested you believe that:

1. the information is inaccurate or out of date; or
2. we should no longer be holding that information; or
3. we are using your information for a purpose of which you were unaware;
4. we may have passed inaccurate information about you to someone else;

Then you should notify our Data Protection Coordinator at once.

CBC Health Insurance Marketplace

Phone: 800.309.9029

Website: cbcins.com

Email: privacy@cbcins.com

Postal Address:

Custom Benefit Consultants, Inc.

Attn: Brandon Russell, Vice President of Operations and Technology

300 S. Fourth St., Suite 700

Las Vegas, NV 89101