

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@benefitsbunny.com, or sending us U.S. mail to: Benefits Bunny, 19900 MacArthur Blvd, #300, Irvine, CA 92612.

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@benefitsbunny.com, or sending us U.S. mail to: Benefits Bunny, 19900 MacArthur Blvd, #300, Irvine, CA 92612.

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