

The Health Plan Inc.
Attention: Privacy Officer
P.O. Box 133, Station A.
Etobicoke, Ontario
M9C 4V2

Withdrawal of Consent

I would prefer that The Health Plan Inc. or its affiliated companies not have my personal information or share it with The Health Plans' associated service organizations, affiliates and partners. I recognize that this choice may limit the ability of The Health Plan Inc. to continue to offer or supply products and services to me or me or my business.

Name: _____

Business Name: _____

Address: _____

City: _____

Postal Code: _____

Signed: _____

Date: _____

Thank you for your time. Please send this notice by mail or facsimile to The Health Plan Inc. at the above address to register your privacy preferences. Please note, these changes may result in a follow up call from The Health Plan Inc. to notify you of your contractual obligations and any changes in service resulting from your choice.

Faxcimile:905-891-2604