

COPPA Parental Consent Form

Dear Parent/Guardian,

Your child has requested to apply for certain benefits with insurance/benefits providers through Group Benefit Associates (“GBA”), to allow GBA to facilitate the payment of fees between your child and the insurance/benefits providers, and to receive communications from GBA related to certain benefits that your child may be eligible to receive (collectively, “GBA’s Services”). If your child is under the age of 13, the Children’s Online Privacy Protection Act (COPPA) requires GBA to provide parental notification and obtain parental consent before collecting personal information from your child. For your child to utilize GBA’s Services, certain personally identifying information, including your child’s first name, last name, gender, social security number, date of birth, telephone number, union membership information, postal address, and email address must be provided to GBA.

Once signed by you and returned GBA via mail, fax, or scan in an e-mail, this form will constitute consent for your child to provide personally identifying information to GBA. GBA’s contact information is provided below. You may access GBA’s Privacy Policy at

<http://www.Groupba.com/GBASite/PrivacyPolicy/GBAPrivacyPolicy.pdf>

Please be advised that without receipt of this signed form, your child will not be able to access and/or use GBA’s Services.

Child’s Full Name: [_____]

Child’s Email Address: [_____]

Child’s User Name: [_____]

I represent and warrant that the information provided above is true and accurate and is provided for the purpose of consenting to my child’s submission of personal information to GBA.

Parent/Guardian Name: [_____]

Parent’s Signature: [_____]

Date: [_____]

Group Benefit Associates Contact Information:

Mail:

Group Benefit Associates
1701 E. Lake Avenue, Suite 400
Glenview, IL 60025

Phone: (800) 450-1271

Email: customerservice@groupba.com

For any questions, please contact customerservice@groupba.com or (800) 450-1271