

You and your eligible dependents may continue to participate in Genomic Life’s essential genomics and precision cancer genomics program at the same payroll deduction rate. If you would like to continue your participation in the program on a direct-bill basis, please complete the enclosed form and return to Genomic Life™ at the email address noted below.

**IMPORTANT NOTE:** This form must be completed and returned to Genomic Life within 60 days of the end of program eligibility if you elect to continue your participation in the program. You should keep your Summary Plan Description and/or other materials that were issued under your employer’s program. You will not receive a new Summary Plan Description unless you specifically request one from Genomic Life.

Once this form has been received by Genomic Life, our Member Services team will email you (at the email address provided below) with a link to process your monthly payment. **Your membership in the Genomic Life program is not confirmed until your payment has been processed and you receive confirmation.**

|                              |                             |                         |  |
|------------------------------|-----------------------------|-------------------------|--|
| Company Name:                |                             | Effective Date:         |  |
| Porting Program For:         | <i>Check all that apply</i> |                         |  |
|                              | Employee                    | Spouse/Domestic Partner |  |
| Participant Name:            |                             | DOB:                    |  |
| SSN:                         |                             | Phone:                  |  |
| Email Address:               |                             | Sex Assigned at Birth:  |  |
| Address ( <i>personal</i> ): |                             |                         |  |
|                              |                             |                         |  |
| _____                        |                             | _____                   |  |
| Participant signature        |                             | Date                    |  |

|                       |  |                        |  |
|-----------------------|--|------------------------|--|
| Spouse First Name:    |  | Spouse Last Name:      |  |
| Spouse DOB:           |  | Spouse SSN:            |  |
| Spouse Email Address: |  | Sex Assigned at Birth: |  |
|                       |  |                        |  |
| _____                 |  | _____                  |  |
| Spouse signature      |  | Date                   |  |

**Send completed form to Genomic Life (Attention: Member Services):**

Email: [Enrollment@GenomicLife.com](mailto:Enrollment@GenomicLife.com)

Mail: 4365 Executive Drive, Ste 715, San Diego, California 92121

Fax: 619-717-6176

**Terms & Conditions**

Genomic Life collects information about you for two reasons: first, to process your request and second, to provide you with the best possible service. We may contact you regarding your enrollment and may send information regarding other programs regarding Genomic Life. You will be able to opt out of marketing communications from Genomic Life. Members can access Genomic Life’s privacy policy at [Privacy Policy – Genomic Life \(https://www.genomiclife.com/about/policies/\)](https://www.genomiclife.com/about/policies/). Genomic Life™ is not an insurance or medical company. The program does not pay or reimburse treatment costs of any kind. It does not provide medical treatment or issue referrals or prescriptions. Access to some services is dependent on a current or previous cancer diagnosis. Genomic Life takes your privacy very seriously. No identifiable protected health information is provided to any third party without your expressed written consent. For more information on policies, please visit [www.genomiclife.com](https://www.genomiclife.com).