

Program Enrollment:

GlaxoSmithKline (GSK) believes your privacy is important. By providing your name, address, email address, and other information, you are giving GSK and companies working with GSK permission to market or advertise to you across multiple digital and offline channels, or contact you for market research or other purposes, regarding the medical condition(s) in which you have expressed an interest, as well as other health-related information from GSK. GSK will not sell or transfer your name, address, or email address to any other party for their own marketing use.

For additional information regarding how GSK handles your information, please see our [privacy statement](#).

Savings Offer Consent:

I'd like to receive savings offers on my GSK prescription(s). I understand that by selecting "I agree" below, I am agreeing that GSK and/or companies working with GSK (for example, the program administrator) can use the personal information I provide when I enroll, as well as information received from my pharmacy about my use of the savings offer(s) and the date on which I filled my prescription(s). In addition, GSK and the program administrator have my consent to use the information to select additional mailings and offers, including savings offers that may be of interest to me. I understand that I can revoke this authorization at any time by contacting GSK at 1-888-825-5249 or <https://www.contactus.gsk.com/optout/index.html> and that even if I decide not to participate in GSK savings offers, it will not impact my ability to receive treatment from my healthcare provider.