

REQUEST FOR EXCLUSION FROM CLASS SETTLEMENT

Elijah Bey v. Mosaic Sales Solutions U.S. Operating Co., LLC

United States District Court, Central District of California

Case No. 2:16-CV-06024-FMO-RAO

Enclosed with this form is a Notice describing a class action against Mosaic Sales Solutions U.S. Operating Co., LLC (“Mosaic”) involving alleged failure to pay wages for all hours worked and overtime wages, failure to provide meal and rest breaks, failure to provide accurate itemized wage statements, failure to pay all wages due upon termination, unfair business practices based on the foregoing, and civil penalties under the foregoing to persons employed in California in the positions of Brand Ambassador, Field Specialist, and other positions performing similar duties between November 20, 2011 and June 20, 2019.

TO EXCLUDE YOURSELF FROM THE SETTLEMENT CLASS, YOU MUST COMPLETE, SIGN, AND MAIL THIS REQUEST FOR EXCLUSION FORM BY FIRST CLASS MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED ON OR BEFORE OCTOBER 1, 2019 ADDRESSED AS FOLLOWS:

Bey v. Mosaic Sales Solutions Settlement
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

IT IS MY DECISION TO BE EXCLUDED FROM THE CLASS AND NOT TO RECEIVE A SETTLEMENT PAYMENT IN THE CLASS ACTION REFERRED TO ABOVE, NOT TO PARTICIPATE IN THE SETTLEMENT, AND NOT TO BE INCLUDED IN THE CLASS. I UNDERSTAND THAT I HAVE THE RIGHT TO SEEK THE ADVICE OF COUNSEL WITH RESPECT TO THIS CHOICE AND HOW IT AFFECTS MY LEGAL RIGHTS, INCLUDING BUT NOT LIMITED TO THE APPLICABLE STATUTE OF LIMITATIONS.

I ALSO UNDERSTAND THAT, EVEN IF I EXCLUDE MYSELF FROM THE SETTLEMENT OF CLASS CLAIMS, I MAY NOT EXCLUDE MYSELF FROM CLAIMS UNDER THE CALIFORNIA LABOR CODE PRIVATE ATTORNEYS GENERAL ACT (PAGA) AND I WILL STILL BE SENT A CHECK REPRESENTING MY PORTION OF THE SETTLEMENT OF THE PAGA CLAIMS AND I WILL RELEASE ANY CLAIMS UNDER PAGA BASED ON THE ALLEGATIONS OF THE FIFTH AMENDED COMPLAINT.

By signing and returning this form, I certify that I have read the Notice of Proposed Settlement of Class Action in this action and wish to be excluded. I understand that this means that I will not receive any payment under the Settlement, and will not be bound by the Settlement, except as the settlement pertains to claims under PAGA.

Dated: _____, 2019

(Signature)

(Type or Print Name)

(Address)

(Telephone Number)

(Last four digits of Soc. Security Number)