

**REQUEST FOR EXCLUSION FORM**

**Only complete this REQUEST FOR EXCLUSION form if you want to opt out of (not participate in) the settlement of the action known as *LYDIA GARCIA, individually, and on behalf of other members of the general public similarly situated; and VANESSA GARCIA, individually, and on behalf of other aggrieved employees pursuant to the California Private Attorneys General Act, Plaintiffs, v. CLINICAS DE SALUD DEL PUEBLO, INC., a California corporation; and DOES 1 through 100, inclusive, Defendants*, Riverside Superior Court Case No. RIC1905175 (“*Garcia v. Clinicas de Salud del Pueblo* matter”). **IF YOU OPT OUT OF THE SETTLEMENT, YOU WILL NOT RECEIVE ANY PORTION OF THE CLASS ACTION SETTLEMENT AMOUNT.****

**MY REQUEST FOR EXCLUSION**

I confirm that I worked for Defendant Clinicas de Salud del Pueblo (doing business as Innercare) in the State of California, while classified as an hourly or non-exempt employee, at some point during the Class Period from October 15, 2015 through and including June 26, 2023.

Please exclude me from the settlement class in the *Garcia v. Clinicas de Salud del Pueblo* matter. **I do not wish to receive any payment under the terms of the proposed class action settlement or to otherwise participate in the proposed class action settlement.**

**Print Full Name:** \_\_\_\_\_

**Last Four Digits of My Social Security Number:** \_\_\_\_\_

**Residence Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**My Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IN ORDER TO BE VALID, THIS REQUEST FOR EXCLUSION FORM MUST BE COMPLETED, SIGNED BY YOU, MAILED BY FIRST CLASS MAIL, AND POSTMARKED ON OR BEFORE SEPTEMBER 21, 2023.** Send this signed Request for Exclusion Form to the Settlement Administrator at:

Garcia v. Clinicas de Salud del Pueblo Settlement  
c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606  
Telephone: 1-888-342-1050