

**OPTIONAL REQUEST FOR EXCLUSION FROM THE CLASS ACTION SETTLEMENT FORM**

Superior Court of The State of California, County of Los Angeles

*Danelian v. Medix Staffing Solutions, Inc., City of Hope National Medical Center, City of Hope*

Case No. BC649846

It is my decision not to participate in the above-referenced litigation. I confirm that I have received the Notice of Proposed Class Action Settlement, and related documents, which describe the settlement and provide information concerning the Settlement Fairness and Approval Hearing in the above-referenced litigation. I have decided to be excluded from the Class and not participate in the proposed settlement. I understand and acknowledge that by signing and submitting this form that I will **not** receive any money from the settlement.

Dated: \_\_\_\_\_, 2019

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last four digits of Social Security Number

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
All other names used during employment with Medix Staffing Solutions, Inc. at City of Hope

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Dates of employment with Medix Staffing Solutions, Inc. at City of Hope

\_\_\_\_\_  
City, state and zip code

**This document, or an otherwise acceptable written request for exclusion (opt-out) must be postmarked no later than November 12, 2019 and it must be sent, via regular U.S. mail, or the equivalent, to:**

*Danelian v. Medix Staffing Solutions Inc.,  
City of Hope National Medical Center, City of Hope  
c/o Settlement Administrator  
CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606  
Telephone: 1-888-636-3998*

**Questions? Call 1-888-636-3998 Toll Free**