

EXCLUSION REQUEST FORM

IN THE SUPERIOR COURT OF WASHINGTON IN AND FOR PIERCE COUNTY
M.N., et al., v. MultiCare Health System, Inc., No. 18-2-08055-5

INSTRUCTIONS

FILL OUT THIS FORM IF YOU WANT TO EXCLUDE YOURSELF FROM THE CLASS. If you exclude yourself, you will not get any money or benefits from this lawsuit even if the Plaintiffs obtain them as a result of the trial or from any settlement (that may or may not be reached) between MultiCare and Plaintiffs and that you will not be legally bound by the Court’s Judgment in this Class Action.

DO NOT FILL OUT THIS FORM IF YOU WANT TO REMAIN IN THE CLASS. If you do not return this form, you will be considered a member of the class and will be legally bound by the Court’s Judgment in this Class Action.

To be excluded, you must complete and return this Request for Exclusion Form to CPT Group, Inc., at the address below, so that it is postmarked **no later than July 13, 2020**.

MultiCare Health System, Inc. Class Action
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

OPT OUT SIGNATURE

By signing this Request for Exclusion Form, I hereby opt out of the Lawsuit. I understand that by excluding myself from the Class I won’t get any money or benefits from this lawsuit even if the Plaintiffs obtain them as a result of the trial or from any settlement (that may or may not be reached) between MultiCare and Plaintiffs and that I will not be legally bound by the Court’s Judgment in this Class Action. By excluding myself, I understand that I may then be able to sue or continue to sue MultiCare independently.

(Address)

(City, State, Zip)

(Signature)

(Date)

(Printed Name)