

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

Wells v. San Gorgonio Memorial Hospital (Case No. RIC1903057)

REQUEST TO BE EXCLUDED FROM CLASS ACTION SETTLEMENT

ATTENTION: IF YOU SUBMIT THIS FORM YOU WILL NOT RECEIVED PAYMENT FROM THE CLASS ACTION PORTION OF THE SETTLEMENT. DO NOT USE THIS FORM IF YOU WISH TO PARTICIPATE IN THE PROPOSED SETTLEMENT.

INSTRUCTIONS: If you do not want to participate in the proposed Settlement, you may request to exclude yourself from the Settlement. To exclude yourself from the Settlement, you must fill out all information in the section below, sign, date and return this form to the Administrator via mail, e-mail, or fax at:

CPT Group, Inc.
Email: sangorgoniosettlement@cptgroup.com
Wells v. San Gorgonio Memorial Hospital
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Telephone: 1-888-268-2093
Facsimile: 1-949-419-3446

If you were employed between March 19, 2018, to February 20, 2023, you will still receive your share of penalties arising under the California Private Attorneys General Act of 2004 (“PAGA”) claim because the opt-out provision does not apply to this claim. However, you will not receive your share of the Settlement for the class claims.

THE DEADLINE FOR SUBMITTING THIS FORM IS SEPTEMBER 18, 2023. IF YOU SUBMIT THIS FORM VIA MAIL, IT MUST BE POSTMARKED BY SEPTEMBER 18, 2023.

By signing this form, I hereby certify that I wish to be excluded from the proposed Settlement reached in *Wells v. San Gorgonio Memorial Hospital*. I understand that I will NOT receive any money from the proposed Settlement, and cannot object to the proposed Settlement at the Final Approval hearing. I understand that if I wish to pursue any claim I may have, I will be responsible for doing so on my own.

Dated: _____

Signed: _____

Print Name: _____

Address: _____

Home Telephone Number: _____