

REQUEST FOR EXCLUSION FORM

Watkins v. St. Jude Hospital Yorba Linda, et al.
OCSC CASE NO. 30-2012-00561240-CU-OE-CXC

DO NOT SIGN THIS DOCUMENT UNLESS YOU WISH TO EXCLUDE YOURSELF FROM THE WATKINS V. ST. JUDE HOSPITAL YORBA LINDA CLASS ACTION SETTLEMENT.

CLAIMANT IDENTIFICATION

[NAME WHILE EMPLOYED]

[ADDRESS]

[TELEPHONE NUMBER]

CORRECT NAME AND ADDRESS:

Name: _____

Address: _____

Telephone: () _____ - _____

IF ANY OF THE INFORMATION ABOVE IS INCORRECT, YOU MUST PROVIDE THE CORRECT INFORMATION IN THE SPACE PROVIDED ABOVE.

If you wish to participate in the settlement, do not send in this Request for Exclusion Form. If you wish to participate in the settlement, you need to follow the instructions on the "Claim Form."

If you wish to exclude yourself from this settlement, you must complete and sign this Exclusion Form and send it by U.S. mail, fax or email on or before July 7, 2015 to:

Phoenix Settlement Administrators
P.O. Box 27907
Santa Ana, Ca. 92799-7907

Toll Free: 888-613-5553

Fax: 949-209-2503

Email: classmember@phoenixclassaction.com

Read this statement before signing:

I confirm that I have received notice of the proposed settlement in this action. I have decided to be excluded from the class, and I have decided not to participate in the proposed settlement. As such, I do not wish to receive any portion of the settlement recovery.

Signed: _____

Date: _____

Print Name: _____

[CLAIM NO. <<PSA ID>>]

IF YOU WANT TO PARTICIPATE IN THE CLASS ACTION SETTLEMENT, STOP, DO NOT SEND THIS FORM, SEND IN THE "CLAIM FORM" INSTEAD.