

REQUEST FOR EXCLUSION FROM CLASS SETTLEMENT

Kurt Casadine ,et al. v. Maxim Healthcare Services, Inc.
Case No. CV-12-10078-DMG-CWx

**IF YOU WISH TO BE EXCLUDED FROM THE SETTLEMENT CLASS,
YOU MUST MAIL THIS EXCLUSION FORM BY AUGUST 21, 2015**

FILING BY MAIL. You may submit a Request for Exclusion by signing, completing, and mailing this Form to the address below. This is not a Claim Form. Do not mail this Exclusion Form if you wish to remain in the settlement class.

I, (Type or Print Name) _____, hereby elect to opt out of the settlement class in the above-referenced litigation. I confirm that I have received the Notice of Class Action Settlement in the above-referenced litigation. I have decided NOT to participate in the proposed settlement and I understand that this means I will not receive any money from the Settlement.

Signature: _____

Dated: _____

Any Other Names Used During Employment at Maxim Healthcare Services,
Inc.: _____

Address: _____

City, State and ZIP Code: _____

Telephone No.: _____

Last Four Digits of Your Social Security: _____

If you wish to exclude yourself, you must mail this Exclusion Form to the Claims Administrator at the following address:

**Settlement Administrator
c/o Phoenix Settlement Administrators
P.O. Box 27907
Santa Ana, Ca. 92799**

Deadline: Your Exclusion Form must be mailed to the Settlement Administrator by August 21, 2015 if you want to be excluded from the settlement class.