

MUST BE
POSTMARKED
NO LATER THAN
May 29, 2018

REQUEST FOR EXCLUSION FROM CLASS ACTION SETTLEMENT FORM

Marcella Brock & Adenike Fajemisin v. Dignity Health, et al..
Superior Court of California, Los Angeles County
Case No. BC616408

TO EXCLUDE YOURSELF FROM THE SETTLEMENT IN THIS CASE, YOU MUST COMPLETE, SIGN AND RETURN THIS FORM BY U.S. MAIL, FAX, OR E-MAIL, OR SUBMIT ONLINE BY MAY 29, 2018 TO:

Trustaff Healthcare Solutions, LLC Claims Administrator
c/o Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863
Phone: 1-800-523-5773
Fax: 949-209-2503
Email: notice@phoenixclassaction.com
Website: www.phoenixclassaction.com/dignity-health

1. PERSONAL INFORMATION

Please provide the following information:

Name (Last, First, Middle Initial)

Street Address _____

City _____

State _____

Zip Code _____

Telephone Number _____

Last Four Digits of Social Security Number _____

2. REQUEST FOR EXCLUSION FROM CLASS ACTION SETTLEMENT

By signing and returning this Request For Exclusion From Class Action Settlement Form, I am certifying that I have carefully read the Notice Of Proposed Class Action Settlement and that I wish to be excluded from the Settlement described therein. I understand that this means I will not be eligible to receive any Settlement Payment and I will not have standing to object to the Settlement or Class Counsel's Motion for Attorney's Fees and Costs or Plaintiff's Service Award. I also understand that, if I am excluded from the Settlement, I may bring a separate lawsuit seeking damages, but that there is no guarantee of the outcome of such case and I might recover nothing or less than what I would have recovered if I had filed a Settlement Claim And Consent To Join Form under this Settlement.

MUST BE
POSTMARKED
NO LATER THAN
May 29, 2018

3. CERTIFICATION

I have received the Notice Of Proposed Class Action Settlement, the Settlement Claim And Consent To Joint Form, and this Request For Exclusion From Class Action Settlement Form. I submit this Request For Exclusion From Class Action Settlement Form to request exclusion from the Settlement in this case.

I declare under penalty of perjury under the laws of the United States of America that the information in this Request For Exclusion From Class Action Settlement Form is true and correct to the best of my knowledge and belief.

Executed on _____, 2018, at _____, _____.
(City) (State)

(Signature)

[Printed Name to be Inserted]