

Tracy Collins v. Bridge Staffing Services, LLC., et al.  
c/o Phoenix Settlement Administrators  
PO Box 7208  
Orange, CA 92863

<PSA ID>

**EXCLUSION OR OPT-OUT REQUEST FORM**

<Name>  
<Address>  
<City>, <St> <Zip>

*Tracy Collins, individually and on behalf of persons similarly situated v. Bridge Staffing Services, LLC, et al.,  
Case No. 30-2016-00877510-CU-OE-CXC (the "Action")*

**SUBMIT THIS FORM NOT LATER THAN JULY 20, 2019 ONLY IF YOU WISH TO OPT OUT OF THE SETTLEMENT.**

**DO NOT SUBMIT THIS EXCLUSION FORM IF YOU WISH TO RECEIVE MONEY FROM THE SETTLEMENT.**

I have reviewed the accompanying Notice of Class Action Settlement and understand that I was employed by Bridge Staffing Services, LLC and/or MemorialCare Home Health, LLC dba MemorialCare Home Health (collectively, "Defendants") as a non-exempt employee, or contracted as an independent contractor in California during all or part of the time from September 26, 2012 to March 18, 2017 and understand that I am therefore a Settlement Class Member in the Action. I understand that this settlement is intended to compensate such Settlement Class Members.

I understand that I may exclude myself from, or "opt out" of, the class settlement of the Action. I understand that, in any separate lawsuit, I may receive nothing or less than I would have received if I had participated in the settlement. I understand that any separate lawsuit by me will be undertaken at my own expense and at my own risk, and that there is a deadline to pursue such claims known as the "statute of limitations." I understand that counsel for the class will not represent my interests if I opt out.

I understand that if I do not opt out, I will receive a payment if the class settlement of the Action is approved by the Court. *I understand that, by requesting to be excluded from the class settlement, I will receive no money from the settlement in accordance with the Settlement Agreement entered into by Plaintiff and Defendants in the Action.* No one has coerced or forced me to opt out; it is my own decision. **I opt out of the settlement.**

Printed Name	Signature		
	( _____ )		
Date (mm/dd/yyyy)	Telephone		
Mailing Address	City	State	Zip Code

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Last Four Digits of Social Security Number  
for identity verification purposes only)

THIS FORM MUST BE POSTMARKED BY JULY 20, 2019 OR, IF DELIVERED TO THE CLAIMS ADMINISTRATOR BY MEANS OTHER THAN UNITED STATES CERTIFIED MAIL, RECEIVED BY THE CLAIMS ADMINISTRATOR NOT LATER THAN JULY 20, 2019 AT THE FOLLOWING ADDRESS:

*Tracy Collins v. Bridge Staffing Services, LLC., et al.*  
c/o Phoenix Settlement Administrators  
PO Box 7208  
Orange, CA 92863  
Fax: (949) 209-2503

**YOU SHOULD KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS. YOU MAY WISH TO MAIL IT RETURN RECEIPT REQUESTED.**