

Raines v. U.S. Healthworks Medical Group
Class Action Administrator
P.O. Box 301130
Los Angeles, CA 90030-1130



UHR

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*RAINES, ET AL. V. U.S. HEALTHWORKS
MEDICAL GROUP, ET AL.*

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

Civil Action No. 19-cv-1539

**Must Be Postmarked
No Later Than
April 9, 2025**

Exclusion Request Form

This is **NOT** a claim form. Completing this **EXCLUSION REQUEST FORM** will exclude you from receiving any compensation arising out of any settlement or judgment in the class proceeding named above.

<input type="text"/>				<input type="text"/>	<input type="text"/>				
First Name				M.I.	Last Name				
<input type="text"/>									
Primary Address									
<input type="text"/>									
Primary Address Continued									
<input type="text"/>				<input type="text"/>	<input type="text"/>				
City				State	ZIP Code				
<input type="text"/>									
Email Address									
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	
Area Code		Telephone Number (Home)			Area Code		Telephone Number (Work)		

I understand that by signing and filing this Exclusion Request Form, I am confirming that I do not wish to participate in this class action. I understand that I will not be legally bound by the Court's judgments in this class action, however, any changes made to USHW's PPE policies would still apply to me.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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