

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

USHR



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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 or
Received No Later Than
10/22/2025**

Exclusion Request Form

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

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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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