WVU HOSPITAL OVERCHARGE CLASS ACTION SETTLEMENT

REQUEST FOR EXCLUSION FROM CLASS ("OPT-OUT") FORM

Thomack, et al. v. West Virginia University Hospitals, Inc. Civil Action No. 13-C-53, West Virginia Circuit Court of Monongalia County, West Virginia

YOU MUST COMPLETE THIS FORM IF YOU DO NOT WISH TO BE PART OF THE CLASS ACTION SETTLEMENT.

By signing and returning this completed form, I confirm that I do not want to be included in the Settlement of the class action lawsuit referenced above.

I understand that by opting out, I am giving up my right to receive any payments under the Settlement. By opting out, I understand that I retain the right to file my own individual lawsuit against West Virginia University Hospitals, Inc., and West Virginia United Health System, Inc.

By providing the requested information and signing below, I affirm that I want to opt-out of this class:

First Name	Middle Initial	Last Name	
Former Name (if any): First	Middle Initial	Last Name	
Current Mailing Address	City	State	Zip
Phone Number	Email	Email Address	
(Sign Here)	Date)	