

Diaz, et al. v. Griffin Health Services Corporation, et al.
Docket No. (X10) UWY-CV15-6029965-S
Class Action

***IF YOU WISH TO PARTICIPATE IN THE SETTLEMENT,
DO NOT SUBMIT THIS FORM.***

**THIS FORM SHOULD ONLY BE COMPLETED BY THOSE INDIVIDUALS WHO DO
NOT WANT TO PARTICIPATE IN THE SETTLEMENT**

OPT-OUT ELECTION FORM

Fill out and return the form below only if you wish to
exclude yourself from the settlement in the Griffin Hospital Class Action
Your form must be postmarked by no later than December 22, 2023

I, _____, wish to exclude myself from the settlement in the
Griffin Hospital Class Action.

I understand that, if I exclude myself from the settlement, I will not be entitled to any
payment from the proposed Settlement, and will retain the rights I may have (if any) to bring my
own lawsuit against the defendants. I also understand that, if I intend to bring my own claims, I
will be subject to any legal defenses that the defendants may assert.

My information

Name: _____

Address: _____

Phone: _____

Signature: _____

Mail this form – postmarked no later than December 22, 2023 – to:

**Griffin Hospital Class Action Opt-Out
RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479**