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Keefe John and Jillian Catherine Klug v. Froedtert Health, Inc., Case No. 2023CV001935

Class Action Settlement Exclusion Form

COMPLETE THIS FORM IF YOU WISH TO EXCLUDE YOURSELF FROM THE SETTLEMENT

DEADLINE: This exclusion form must be postmarked on or before September 5, 2023. You may submit this form online or mail the form to:

John, et al. v. Froedtert Health, Inc. c/o Kroll Settlement Administration LLC – Request for Exclusion PO Box 5324 New York, NY 10150-5324

By completing this form, you are opting out and excluding yourself from this Settlement. You will retain your right to sue Froedtert Health, Inc. for the claims involved in this Settlement. However, you will not be able to file a claim, object, or receive money or benefits from this Settlement.

Instructions: Fill out each section of this form and sign where indicated. You must fill out each section that is marked with an asterisk.

First Name*	<i>M.I.</i>	Last Name *	
Street Address *:			
City *:			
State *: Zip Cod	<u>e*:</u>		
Email Address*:		(a)	

<u>Optional -- Phone Number:</u> (_____) ____ - ____ - ____

By signing this Exclusion Request Form, I hereby opt out of this Settlement and understand that I will have no right to receive any money or benefits under the Settlement in this case, and I will have no right to object to the Settlement and be heard at the Final Approval Hearing.

 SIGNATURE *:

 PRINTED NAME *:

 DATED *:
 / ____/

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 Barred *:
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