



**CHARLIE v. REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES,
CIVIL NO. 21-652 SCY/KK**

**Class Action Settlement
Exclusion Form**

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

DEADLINE: The exclusion form must be postmarked on or before **April 10, 2023**. You may submit this form online or mail the form to:

Charlie v. Rehoboth
c/o Kroll Settlement Administration – Request for Exclusion
P.O. Box 225391
New York, NY 10150-5391

By completing this form, you are opting out and excluding yourself from this Settlement. You will retain your right to sue Rehoboth McKinley Christian Health Care Services 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.

Name *:		
_____	_____	_____
<i>First Name*</i>	<i>M.I.</i>	<i>Last Name *</i>
Street Address *: _____		
City *: _____		
State *: ____	Zip Code *: _____	
Email Address: _____ @ _____ . _____		
Optional -- Phone Number*: (____) _____ - _____		

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 *: ____ / ____ / _____	

