

CLAIM FORM

Tammie Marquez, et al., v. Midwest Division MMC, LLC, et al., Case No. 2:19-cv-02362-DDC in the United States District Court for the District of Kansas (the “Lawsuit”).

By signing below, I affirm under penalty of perjury that: (i) I performed nursing services at Menorah Medical Center, 5721 W. 119th St., Overland Park, KS 66209 between July 3, 2016 and February 28, 2019, and (ii) I have read and understand the Notice of Class Action Settlement (incorporated by reference herein), and I would like to claim my settlement payment pursuant to the Settlement. Pursuant to the terms of the Settlement, I understand I will receive approximately <<estAmount>> if I fully complete and timely return this Claim Form, and the Settlement receives final approval from the Court. I will seek independent tax advice if I feel necessary, and am not relying on anything in this Claim Form or the accompanying notice for tax advice, nor any communications from the defendants in the Lawsuit.

By my signature below, I understand and consent that I will be legally bound by the Court’s judgment in this case and the release of the wage and hour claims as described in the Notice of Class Action Settlement. I hereby consent in writing to become a party-plaintiff in the Lawsuit pursuant to the Fair Labor Standards Act, and authorize Plaintiff Counsel to act on my behalf relating to the Lawsuit, including the settlement of my claims.

Printed Name: _____

Signature: _____

Date: _____

Phone Number: _____

Address: _____

Upon completion, please return this form to:

**Marquez, et al., v. Midwest Division MMC, LLC, et al.
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606**

DO NOT SEND THIS FORM TO THE COURT