

In Re: Southern Ohio Health Systems Data Breach Settlement

Request For Exclusion Form

To be excluded from the Settlement, complete this Request for Exclusion Form and mail it to the Settlement Administrator at the address listed below, postmarked no later than November 7, 2022:

Southern Ohio Health Systems Data Breach Settlement
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Email: SOHSDataBreachSettlement@cptgroup.com

By signing and returning this form, I confirm that I ***do not*** want to be included in the Settlement of the lawsuit entitled *In Re Southern Ohio Health Systems Data Breach Class Action Settlement, Case No. 2101886*. I understand that by opting out of the Settlement, I am giving up my right to receive any payments under the Settlement.

First: _____ M: _____ Last: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Email: _____

Signature: _____

Date: _____