

EXCLUSION REQUEST FORM

(Complete and Return via mail or email to opt out of receiving a settlement payment)

Gero, et al., v MedInform, Inc., Case No. 23cv981382 (Cuyahoga County Court of Common Pleas)

If you are a Settlement Class Member, do not want to receive a settlement payment, and do not want to be legally bound by the Settlement, you must exclude yourself from the Settlement by **August 12, 2024**. If you do this, you will NOT get a settlement payment. To opt out, you must mail or email your completed Exclusion Request Form to the Settlement Administrator (contact information below). The date of the postmark on the return mailing envelope or the timestamp on the electronic submission shall be the exclusive means used to determine whether a request for exclusion has been timely submitted. Any mailing or electronic submission that is postmarked or timestamped after **August 12, 2024** shall be deemed untimely. Your written request for exclusion must include your full name and current address. Your signature on the Exclusion Request Form represents a statement that you wish to be excluded from the Settlement. The Exclusion Request Form must be signed by you (an electronic signature qualifies). If you exclude yourself, you will not receive money from this settlement, but you will keep your legal rights, if any, to sue on the claims alleged in this lawsuit at your own expense.

A Settlement Class Member can return a completed Exclusion Request Form by U.S. mail or electronically by emailing to MedInformDataSettlement@noticeadministrator.com.

By signing below, you affirm that you wish to opt out of the Settlement Agreement and do not wish to receive a payment pursuant to the Settlement Agreement in the above action.

Printed Name: _____ Signature: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Settlement Administrator
MedInform, Inc. Data Settlement
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