

**[COMPLETE THIS FORM ONLY IF YOU CHOOSE
NOT TO PARTICIPATE IN THIS SETTLEMENT]**

REQUEST FOR EXCLUSION FROM CLASS ACTION SETTLEMENT

In The Matter of
Cervantes et al. v. Kaiser Foundation Hospitals et al.
Superior Court of California, County of Alameda, Case No. RG 06254835

INSTRUCTIONS: TO OPT-OUT OF THE SETTLEMENT, YOU MUST COMPLETE, SIGN AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED OR FAXED ON OR BEFORE DECEMBER 11, 2007, ADDRESSED AS FOLLOWS:

Cervantes v. Kaiser Foundation Hospitals, et al.
c/o The Garden City Group, Inc.
P.O. Box 9201
Dublin, OH 43017-4601
Telephone No.: 1-800-918-1062
Fax No.: 1- 206-876-5295

Please fill in all of the following information (type or print):

NAME (First, Middle, Last): _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____
FORMER NAMES (if any): _____
SOCIAL SECURITY NUMBER, required: _____
TELEPHONE NUMBERS: Home: _____ Work: _____

**IT IS STRONGLY RECOMMENDED THAT YOU RETAIN PROOF OF MAILING THIS FORM
POST-MARKED OR FAXED ON OR BEFORE DECEMBER 11, 2007.**

I [insert your name] _____ wish to be excluded from the settlement class in *Cervantes et al. v. Kaiser Foundation Hospitals, et al.*, California Superior Court, County of Alameda, Case No. RG 06254835. I understand I will not receive money from the class settlement.

I further verify that the following is true: My name, address and other contact information are accurately set forth above. I received and read the Notice of Pendency of Class Action and proposed Settlement that was sent to me along with this form. I understand that by signing this side of the form, I voluntarily choose to "opt out" of the proposed Settlement of this Class Action. I understand that by opting out, I may not accept any money allocated for me in the proposed Settlement. On the other hand, I also understand that if I wish to assert any claims related to those set forth in this lawsuit, I will have to do so separately. I understand that any such claims are subject to strict time limits, known as statutes of limitations, which restrict the time within which I may file any such action. I understand that I should consult with an attorney if I wish to obtain advice regarding my rights with respect to this Settlement or my choice to opt out of the Settlement. I have not been coerced by anyone to opt out of this Class Action, and I choose to opt out of my own free will.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Signed: _____ Date: _____

Print Name: _____ Last four digits of Social Security Number _____

**QUESTIONS? CALL TOLL-FREE 1-800-918-1062
FAX NUMBER - CLAIMS ADMINISTRATOR: 1-206-876-5295**