REQUEST FOR EXCLUSION FROM UNITED HOSPITAL CENTER, INC CLASS ACTION SETTLEMENT ("OPT-OUT") FORM

Steven Richards, individually and on behalf of all others similarly situated, v. United Hospital Center, Inc

Circuit Court of Monongalia County West Virginia, Case No. CC-31-2013-C-978

YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE CLAIMS ADMINISTRATOR BY OCTOBER 29, 2026 IF YOU DO NOT WISH TO BE PART OF THE UNITED HOSPITAL CENTER, INC CLASS ACTION SETTLEMENT.

By signing and returning this completed form, I confirm that I do not want to be included in the United Hospital Center, Inc Settlement of the class action lawsuit referenced above.

I understand that by opting out, I am giving up my right to receive any payments under the United Hospital Center, Inc Settlement. By opting out, I understand that I retain the right to file my own individual lawsuit against United Hospital Center, Inc.

By providing the requested information and signing below, I affirm that I want to opt-out of the United Hospital Center, Inc. Settlement Class:

_____

First Name Middle Initial Last Name

_____

Former Name (if any): First Middle Initial Last Name

_____

Current Mailing Address City State Zip

_____ _____

Phone Number Email Address

_____ _____

Last 4 digits of your Social Security Number Unique Identifier # (Provided on Notice Postcard)

_____ _____

(Sign Here) (Date)