## **OPT-OUT FORM**

## HEALTH IQ TCPA Settlement

Only use this Form if you want to request exclusion from (i.e., opt-out) of the proposed settlement class. For more information on the proposed settlement, please visit www.[xxx].com.

## Section I - Instructions

This form must be received by the Settlement Administrator no later than [Month] [Day], [Year].

This Opt-Out Form may be submitted in one of three ways:

- 1. Electronically through www.[xxx]com.
- 2. Mail to: *HEALTH IQ TCPA Settlement*, c/o \_\_\_\_, [Address], [City] [State], [Zip Code].
- 3. Email to ADD ADDRESS.

To be effective as an opt-out from the proposed settlement, this form must be completed, signed, and sent, as outlined above, **no later than [Month] [Day]**, **[Year].** If this form is not postmarked or received by this date, you will remain a member of the Settlement Class.

Opting out of the Settlement Class is not the same as objecting to the Settlement Agreement. If you request exclusion from the Settlement Class prior to [Month] [Day], [Year], you will not be bound by the terms of the Settlement Agreement and therefore cannot argue that the Settlement Agreement should not be approved. More information about objecting to the Settlement is available at www.[xxx].com.

	Section II - Settlement Class Member Information																			
Cl	Claimant Name (Required):																			
$\overline{\mathbf{C}}$	Claimant Identification Number (Required):																			

<sup>\*</sup> Your claimant identification number was on the notice of the Settlement you received by email or by postal mail. If you do not have your claimant identification number, call or email the Settlement Administrator for assistance at 1-8XX-XXX-XXXX or [xxx]@[xxx].com.

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