

REQUEST FOR EXCLUSION ("OPT-OUT" FORM)

Ariane Rose Villarin v. Healthcare Facility Management, LLC, d/b/a CommuniCare Family Of Companies and WorldWide HealthStaff Solutions, LLC
U.S. District Court, Southern District of Ohio
Case No. 1:23-cv-00097-MRB-SKB

To exclude yourself from this Settlement (opt out), you must fill out and submit this form by **June 4, 2026**.

You must mail this form to CommuniCare & WorldWide Nurse Settlement, c/o Atticus Administration PO Box 64053, St. Paul, MN 55164. If you mail this form, please make sure it is postmarked by **June 4, 2026**.

ONLY COMPLETE THIS DOCUMENT IF YOU WISH TO EXCLUDE YOURSELF FROM THIS SETTLEMENT. IF YOU EXCLUDE YOURSELF, YOU WILL NOT RECEIVE A PAYMENT FROM THIS SETTLEMENT.

This document must be postmarked no later than June 4, 2026, and sent via U.S. Mail to:

CommuniCare/WorldWide Settlement
c/o Atticus Administration
PO Box 64053
Saint Paul, MN 55164

By completing this form to exclude yourself from this Settlement, you are agreeing to and confirming the following:

It is my decision to be excluded from this Settlement. I understand that by excluding myself I will not receive a Settlement Payment from the Settlement.

_____	_____
<i>Date</i>	<i>Signature</i>

<i>Full Name (First, Middle, Last)</i>	

<i>Mailing Address</i>	<i>City, State, ZIP</i>

<i>Phone Number</i>	<i>Email Address</i>

<i>Last 4 Digits of Social Security Number</i>	