

**OPT-OUT STATEMENT**

**Siewharack v. Queens Long Island Medical Group P.C.**

**SUBMIT THIS FORM ONLY IF YOU DO NOT WISH TO REMAIN A CLASS MEMBER. IF YOU SUBMIT THIS FORM, YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY MONEY FROM THE SETTLEMENT.**

I wish to opt out of the Settlement of the *Siewharack v. Queens Long Island Medical Group P.C.* case. I understand that by opting out, I will be excluded from the Settlement and will receive no money from the Settlement. I understand that in any separate lawsuit, it is possible that I may receive nothing or less than I would have received if I had filed a claim under the Settlement in this lawsuit. I understand that any separate lawsuit by me will be undertaken at my own expense and at my own risk. I understand that Counsel for the Class will not represent my interests if I opt out.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

**SEND TO CLAIMS ADMINISTRATOR AT  
Siewharack v. QLIMG Claims Administrator  
Post Office Box 10707  
Tallahassee, FL 32302-2707**

**MUST BE MAILED BY UNITED STATES FIRST CLASS MAIL  
POSTMARKED NO LATER THAN MAY 13, 2013 AND ALSO  
RECEIVED NO LATER THAN MAY 20, 2013**

**WE ADVISE YOU TO KEEP A COPY FOR YOUR RECORDS—YOU MAY WISH TO  
MAIL RETURN RECEIPT REQUESTED**