

## **Rescission of Exclusion Request Form**

*Sutter Health Uninsured Pricing Cases, J.C.C.P. No. 4388*

**I previously submitted a request to Opt Out of the Settlement of the Sutter Uninsured Pricing Cases. I have reconsidered and wish to withdraw my request to Opt Out.**

Date: \_\_\_\_\_  
\_\_\_\_\_ (signature)

**(Please complete the following information)**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, zip code

\_\_\_\_\_  
Sutter Hospital(s) visited during Class period (Sept. 3, 2000 – Aug. 3, 2006)\*

(\*note: this information is optional, but providing it will help the Claims Administrator identify your records for rescinding your exclusion from this Settlement.)

If You Want to Rescind Your Exclusion Request From The Settlement,  
And Get Back Into The Settlement,  
You Must Complete This Form,  
And Send It To The Following Address  
**By No Later Than January 17, 2007**  
(If you believe you have a claim for monetary relief,  
you must also submit a claim form)

**Settlement Administrator for**  
*Sutter Health Uninsured Pricing Cases*  
Claims Administration Center  
P.O. Box 38  
Minneapolis, MN 55440

**This is NOT a claim form.**  
**If you think you have a claim, you must also submit a claim form  
to be eligible for any monetary refund or debt reduction**