

[COMPLETE THIS FORM ONLY IF YOU CHOOSE TO NOT PARTICIPATE IN THIS SETTLEMENT]

REQUEST FOR EXCLUSION FROM CLASS ACTION SETTLEMENT
(TO OPT OUT OF THE CLASS SETTLEMENT)

In The Matter of
Louie v. Kaiser Foundation Health Plan, Inc.
United States District Court – Southern District, Case No. 08 CV 0795 IEG RBB

INSTRUCTIONS: TO OPT-OUT OF THE SETTLEMENT, YOU MUST COMPLETE, SIGN AND MAIL THIS FORM BY FIRST CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, POSTMARKED OR FAXED ON OR BEFORE DECEMBER 10, 2008, ADDRESSED AS FOLLOWS:

Louie v. Kaiser Foundation Health Plan, Inc.
CPT GROUP INC.
16630 Aston
Irvine, CA 92606
Telephone: 1-877-589-1586

Please fill in all of the following information (type or print):

NAME (First, Middle, Last): _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____
FORMER NAMES (if any): _____
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (required) _____
TELEPHONE NUMBERS: Home: _____ Work: _____

IT IS STRONGLY RECOMMENDED THAT YOU RETAIN PROOF OF MAILING THIS FORM POST-MARKED ON OR BEFORE DECEMBER 10, 2008.

I [insert your name] _____ wish to be excluded from the settlement class in Donna Louie v. Kaiser Foundation Health Plan, Inc., United States District Court – Southern District, Case No. 08 CV 0795 IEG RBB. I understand I will not receive money from the class settlement.

I further verify that the following is true: My name, address and other contact information are accurately set forth above. I received and read the Notice of Class Settlement that was sent to me along with this form. I understand that by signing this form, I voluntarily choose to “opt out” of the proposed Settlement of this Class Action. I understand that by opting out, I may not accept any money allocated for me in the proposed Settlement. On the other hand, I also understand that if I wish to assert any claims related to those set forth in this lawsuit, I will have to do so separately. I understand that any such claims are subject to strict time limits, known as statutes of limitations, which restrict the time within which I may file any such action. I understand that I should consult with an attorney if I wish to obtain advice regarding my rights with respect to this Settlement or my choice to opt out of the Settlement. I have not been coerced by anyone to opt out of this Class Action, and I choose to opt out of my own free will.

I declare under penalty of perjury that the forgoing is true and correct.

Signed: _____ Date: _____

Print Name: _____

Questions? Call 1-877-589-1586

Deadline to Post-Mark Your Claim: December 10, 2008