

REQUEST FOR EXCLUSION FORM

If you exclude yourself from the Class to which you belong—which also means to remove yourself from the Class, and is sometimes called “opting-out” of the Class—you won’t get any money or benefits from this lawsuit even if the Plaintiffs obtain them as a result of the trial or from any settlement (that may or may not be reached) between Goshen Hospital and the Plaintiffs. However, you may then be able to sue Goshen Health System, Inc. d/b/a Goshen Health, Goshen Hospital Association, Inc. d/b/a Goshen Hospital, and Goshen Health Surgery Center, LLC for claims arising otherwise presented in this lawsuit.

If you exclude yourself, you will not be legally bound by the Court’s judgments in this class action. If you start your own lawsuit against Goshen Health System, Inc. d/b/a Goshen Health, Goshen Hospital Association, Inc. d/b/a Goshen Hospital, and Goshen Health Surgery Center, LLC after you exclude yourself, you’ll have to hire and pay your own lawyer for that lawsuit, and you’ll have to prove your claims. If you do exclude yourself so you can start or continue your own lawsuit against Goshen Health System, Inc. d/b/a Goshen Health, Goshen Hospital Association, Inc. d/b/a Goshen Hospital, and Goshen Health Surgery Center, LLC, you should talk to your own lawyer soon, as the time to file a lawsuit is limited by a statute of limitations.

To ask to be excluded, you must either complete and submit this online form, or send an “Exclusion Request” in the form of a letter sent by mail, stating that you want to be excluded from *Gierek v. Anonymous I*. Be sure to include your name and address, and sign the letter.

You must mail your Exclusion Request postmarked by July 13, 2026 to:

Gierek v. Anonymous I Exclusions
c/o PAVLACK LAW, LLC
50 East 91st Street., Suite 305
Indianapolis, IN 46240

I have received the Notice of Class Certification and I wish to be excluded from *Gierek v. Anonymous I*. I understand this means that I will not be legally bound by anything that happens in the Lawsuit between Class Plaintiffs and Defendants.

Printed Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number, Including Area Code: _____

Last four digits of Social Security number: xxx-xx-____

Dated: _____, _____.

(signature)