

# **REQUEST FOR EXCLUSION**

*Bergeson v. Virginia Mason Medical Center*  
No. 22-2-09089-8-SEA

***This is NOT a Claim Form. It EXCLUDES you from this Settlement.  
DO NOT use this Form if you wish to remain IN this Settlement.***

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address (Optional):** \_\_\_\_\_

I request that I be excluded from the Settlement Class in Bergeson v. Virginia Mason Medical Center, and do not wish to participate in the settlement. I understand that by requesting to be excluded from the Settlement Class, I will not receive any benefits under the Settlement.

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature of Class Member or Legal Representative**

**This form must be postmarked to the Claims Administrator at the addresses below NO LATER THAN JULY 7, 2023, or else you will lose your right to opt out.**

VMMC Settlement Exclusions  
PO Box 3274  
Baton Rouge, LA 70821-5098