

CONSENT TO JOIN LAWSUIT FORM

1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201 *et seq.*, against my former/current employer(s), The Elevance Health Companies, Inc. (formerly known as The Anthem Companies, Inc.) (“Defendant”) and any other related persons, entities, subsidiaries, or affiliates, to recover allegedly due overtime pay.
2. I have worked for Defendant as a Utilization Review Nurse, Medical Management Nurse, Utilization Management Nurse, Utilization Manager, or in a similar job title primarily performing medical necessity reviews within the past three years.
3. During the past three years, there were occasions when I worked over 40 hours per week without receiving overtime compensation for hours worked in excess of 40.
4. If this case does not proceed collectively, then I also consent to join any subsequent action or matter to assert these claims against Defendant and any other related person, entities, subsidiaries, or affiliates.
5. I understand that I may withdraw my consent to proceed with my claims at any time by notifying the attorneys handling the matter.

Date: _____
Signature

Print Name

Information Below Will Be Redacted in Filings with the Court. Please Print or Type.

Address: _____

City, State Zip: _____

Best Phone Number(s): _____

Email: _____

**Return this form by
fax, email or mail to:**

**Nichols Kaster, PLLP, Attn: Rachhana T. Srey
Fax: (612) 338-4878
Email: consents@nka.com
Address: 4700 IDS Center, 80 S. 8th Street, Minneapolis, MN 55402
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