
**HIGHMARK INC.
PLAINTIFF CONSENT FORM**

1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* against my current/former employer(s), Highmark Inc. (“Defendant”) and any other related entities or affiliates, to recover overtime pay.
2. During the past three years, there were times when I worked over 40 hours per week for Defendant as a Utilization Management Nurse, Utilization Review Nurse, Care Coordinator, Nurse Reviewer, Care Management Nurse, or in a similar job title, and did not receive overtime compensation for the overtime hours I worked.
3. If this case does not proceed collectively, then I also consent to join any subsequent action to assert these claims against Defendant, and any other related entities or affiliates.

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) 215-6870
Email: consents@nka.com
Address: 4700 IDS Center, 80 S. 8th Street, Minneapolis, MN 55402
Web: www.nka.com**