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**AMERIHEALTH CARITAS  
PLAINTIFF CONSENT FORM**

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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, AmeriHealth Caritas Services, LLC and any other related entities or affiliates to recover overtime pay.
2. During the past three years, there were occasions when I worked over 40 hours per week for AmeriHealth Caritas as a Clinical Care Reviewer, Prior Authorization Nurse, Concurrent Review Nurse, or other similar position, and did not receive 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 AmeriHealth Caritas and any other related entities or affiliates.
4. 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

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**Information below will be redacted in filings with the court. Please print or type.**

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Best Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_