

**THE ELEVANCE HEALTH COMPANIES
(f/k/a THE ANTHEM COMPANIES, INC.)
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, The Elevance Health Companies, Inc. f/k/a The Anthem Companies, Inc., and any other related persons, entities, subsidiaries, or affiliates, to recover overtime pay.
2. I have worked for Defendant as a Medical Management Nurses, Utilization Management Nurses, Utilization Managers, Utilization Review Nurses, or 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 compensation for my overtime hours worked.
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(s), 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.

Address: _____

City, State Zip: _____

Best Phone Number(s): _____

Email: _____