
**EMBLEMHEALTH SERVICES, LLC
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, EmblemHealth Services, LLC (“EmblemHealth”) 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 EmblemHealth as a care manager, or other similar position/title and did not receive proper compensation for my overtime hours worked.
3. If this case does not proceed collectively, then I also consent to join any subsequent action to assert these claims against EmblemHealth 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 _____

Information below will be redacted in filings with the court.

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**