

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 Anthem Companies, Inc., Empire HealthChoice HMO, Inc. (d/b/a Empire Blue Cross Blue Shield HMO and Empire Blue Cross HMO), and/or HealthPlus HP, LLC (d/b/a Empire BlueCross BlueShield HealthPlus and Empire BlueCross HealthPlus) (“Defendants”) and any other related persons, entities, subsidiaries, or affiliates, to recover allegedly due overtime pay.
2. I have worked for Defendants 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 Defendants 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:**

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