

Opt-Out Request Form

DO NOT COMPLETE OR SUBMIT THIS FORM IF YOU WANT TO BE ELIGIBLE TO RECEIVE MONEY FROM THIS SETTLEMENT, INCLUDING THE POTENTIAL FOR A CASH PAYMENT OF AT LEAST \$50

Celeste Brown and Ross Finesmith v. AllCare Plus Pharmacy LLC
Civil Docket No. 2484CV02366
Suffolk County Superior Court
Commonwealth of Massachusetts

I wish to be excluded from the proposed Settlement in the class action lawsuit entitled *Celeste Brown and Ross Finesmith v. AllCare Plus Pharmacy LLC*, Civil Docket No. 2484CV02366, in the Suffolk County Superior Court, Commonwealth of Massachusetts (“Lawsuit”).

I understand that by excluding myself I will not be able to receive a cash benefit or credit monitoring from the proposed Settlement and I cannot object to the Settlement at the Final Approval Hearing. I do not want to be legally bound by anything that happens in this Class Action Lawsuit, and I wish to keep my right to sue the Defendant on my own for the claims that this proposed Settlement resolves.

My name, address, telephone number, and signature required to substantiate my request to be excluded from the above titled Action, are as follows:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature: _____ **Date:** _____

Claimant ID Number, if known: _____

YOUR EXCLUSION REQUEST FORM MUST BE SUBMITTED NO LATER THAN JULY 3, 2025, TO BE CONSIDERED.

Submit by Mail:
AllCare Settlement
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164

Or

Electronically at:
www.AllCareSettlement.com