

REQUEST FOR EXCLUSION FROM CLASS ACTION SETTLEMENT (“OPT-OUT”)

Peters v. Aetna Inc., et al., Civ. No. 15-109-MR (W.D.N.C.)

By filing this form you acknowledge that you have received the Notice of Proposed Settlement and Fairness Hearing (the “Notice”), and that you do **NOT** wish to remain a member of the certified classes (the “Classes”) in *Peters v. Aetna Inc., et al.*, Civ. No. 15-109-MR (W.D.N.C.), a case pending in the United States District Court for the Western District of North Carolina.

Only file this form if: (1) you are a member of the Classes as defined in the Settlement Agreement, the definition for which are set out in the Notice and in Settlement-related documents posted on www.AetnaOptumAdminFeeSettlement.com; **and (2) you wish to exclude yourself from the lawsuit.**

This is the only form you need to complete in order to exclude yourself from the Settlement and the lawsuit. If you file this form, do not file any other form.

Do not file this form if you wish to participate in the Settlement of this lawsuit. Do not file this form if you wish to object to the Settlement. Only Class members are permitted to object to the Settlement, and they should do so by filing an objection as described in the Notice. If you make conflicting requests, such as by submitting both an Opt-Out Request and an objection or a request to receive monies under the Settlement, you will not be treated as a valid opt-out.

If you want to exclude yourself from the Classes and not participate in the Settlement, you must complete and mail this form to:

AETNA OPTUM ADMINISTRATIVE FEE SETTLEMENT OPT-OUT
SETTLEMENT ADMINISTRATOR
c/o ATTICUS ADMINISTRATION
PO BOX 64053
ST. PAUL, MN 55164

Your Request for Exclusion must be postmarked no later than July 10, 2025, or submitted electronically on or before 11:59 PM Eastern Time on July 10, 2025. If it is submitted electronically or postmarked after these dates, it will not be valid and you will not be excluded from the Classes or the lawsuit on that basis.

I understand that by signing and mailing this form:

- I will **not** receive any of the monetary benefits of the Settlement as described in the Notice;
- I will **not** participate in, or be represented as a Class member in, this action;
- My name will be included on an opt-out list to be provided to the parties, their counsel, and the Court (in accordance with Court-approved procedures to protect your protected health information); and
- I may pursue, at my own expense, whatever claims I may have against Defendants with regard to claims that were the subject of the class action.

Please type or print:

Your name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Email address (if any): _____

Tax ID numbers under which you submitted claims to Aetna:

I wish to be excluded from the Classes and excluded from participation in the Settlement.

Your signature: _____

Date: _____

Claimant ID: _____