

INTENT REGARDING PARTICIPATION IN LAWSUIT

Houston v. Saint Luke's Health System, Inc., et al.
Case No.: 4:17-cv-00266-BCW (W.D. Mo.)

Choose **one** option, complete and sign this form, and return it to:

Houston v. Saint Luke's Health System, Inc.
c/o Analytics Consulting LLC
P.O. Box 2006
Chanhassen, MN 55317-2006

To be considered timely, this form must be postmarked no later than **March 4, 2024**.

PLEASE CHOOSE ONLY ONE OF THESE OPTIONS

☐ **OPTION 1: I DESIRE TO PARTICIPATE IN THE LAWSUIT:**

I consent to join the lawsuit as a party plaintiff seeking overtime wages under the federal Fair Labor Standards Act law and Missouri law against Defendants Saint Luke's Health System, Inc. and/or Saint Luke's Northland Hospital Corporation. I designate the Named Plaintiff as my representative to make decisions on my behalf concerning the lawsuit, including settlement, the entering of an agreement with Plaintiffs' Counsel regarding payment of attorneys' fees and court costs, and all other matters pertaining to this lawsuit to the fullest extent permitted by law. I understand that I will be bound by any ruling, settlement, or judgment in the lawsuit, whether favorable or unfavorable. For purposes of this lawsuit, I choose to be represented by Osman & Smay LLC, McClelland Law Firm, P.C., HKM Employment Attorneys LLP, and other attorneys with whom they may associate.

☐ **OPTION 2: I DESIRE TO EXCLUDE MYSELF FROM THE LAWSUIT**

I request to exclude myself from the lawsuit seeking overtime wages under the federal Fair Labor Standards Act law and Missouri law against Defendants Saint Luke's Health System, Inc. and/or Saint Luke's Northland Hospital Corporation. I understand that I will not be bound by any ruling, settlement, or judgment in the lawsuit, whether favorable or unfavorable. I further understand that by excluding myself from the lawsuit, I retain whatever right I might have to assert my own claim against the Defendants relating to unpaid wages under Fair Labor Standards Act and Missouri law, but the statute of limitations period on my claims will continue to run.

Date Signed

Signature

Approximate Dates of Employment

Full Legal Name (Print)

Maiden or other names worked under

Email Address

Street Address

City, State, and Zip Code

Phone Number

Job Title/Location