
**THE ANTHEM COMPANIES, INC.
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 former/current employer, The Anthem Companies, Inc., (“Anthem”) and any other related persons, entities, subsidiaries, or affiliates, to recover overtime pay.
2. I have worked for Anthem as a Utilization Management Nurse, Utilization Review Nurse, Medical Management Nurse, Nurse Reviewer, Nurse Reviewer Associate, or 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 compensation for my overtime hours worked.
4. If this case does not proceed collectively, then I also consent to join any subsequent action or matter to assert these claims against Anthem and any other related persons, 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 this 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: _____