Notice Administrator
P.O. Box 3637
Baton Rouge, LA 70821

Your opt-in form must be postmarked or submitted online no later than 09/23/2025

OPT-IN FORM

NOTICE ID: _____

You have two possible choices:

Option One: If you want to **opt-in** to have your Contact Information (name, address, telephone number, and email address) disclosed to Plaintiffs' counsel, you must:

- Visit the court-approved website, www.gmmddatalitigation.com, and complete the online opt-in form; *or*
- Completely fill out the form below and mail to the Notice Administrator in the enclosed postage pre-paid envelope.

Opt-in forms must be **postmarked or submitted online no later than September 23, 2025.**

Option Two: If you do nothing, your Contact Information will not be made available to Plaintiffs' counsel.

I would like to **OPT-IN** to share my Contact Information (name, address, telephone number, and email address) with Plaintiffs' Counsel.

Signature: _____ Date (mm/dd/yyyy): _____

By signing my name, I agree to opt-in to share my Contact Information with Plaintiffs' Counsel.

If you do not want your information shared with Plaintiffs' Counsel,
you do not need to complete this form.