

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

In re Flint Water Cases

Case No.: 5:16-cv-10444-JEL-MKM

Hon. Judith E. Levy

OPT-OUT FORM

Complete this form only if you wish to exclude yourself from the Settlement Program. This is NOT a Claim Form. DO NOT use this form if you wish to apply for money from the Settlement Program. If you wish to exclude yourself from the Settlement Program, please fill out all portions of this form.

This form is meant only for a Claimant who was 18 or older during any of the period April 25, 2014, to November 16, 2020. A separate form must be submitted for each Claimant that wishes to opt out of the Settlement Program.

Name of Individual or Entity that wants to opt out of the Settlement Class:

First Name	MI	Last Name

Entity Name

Current Address:

Street

City	State	ZIP Code

Telephone:

Area Code/Phone No.	-	(Ext. if applicable)

I understand that by opting out of the Flint Water Settlement Class Action, I will not receive any money from the Settlement Program, and I cannot object to the settlement.

If you opt out, you may be able to bring your own lawsuit against the Settling Defendants. If you bring your own lawsuit against Settling Defendants after you exclude yourself, you will have to hire and pay your own lawyer for that lawsuit, and you will have to prove your claims. If you do exclude yourself, you should talk to your own lawyer soon, because your claims may be subject to a time limit (known as a statute of limitations).

To opt out of the Settlement Class, please check this box:

By checking this box, I affirm that I wish to be excluded from the Settlement Class.

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Date:	-	-	
MM	DD	YYYY	

Signature of Class Member or Executor, Administrator, or
Personal Representative (your lawyer cannot sign this form for you.)

This form must be postmarked NO LATER THAN MARCH 29, 2021, to the addresses below, or else you will lose your right to opt out.

IF YOU SIGNED THIS FORM, YOU MUST PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

1. Please choose the following option(s) that apply to you. You may choose more than one option if more than one applies.

- I was 18 or older during any of the period April 25, 2014, to November 16, 2020. During that time, I ingested or came into contact with water received from the Flint Water Treatment Plant and suffered personal injury. (“Adult Exposure Subclass”)

- I owned or operated a business, including income-earning real property and any other businesses, that received water from the Flint Water Treatment Plant at any time during April 25, 2014, to November 16, 2020, and could claim a resulting business economic loss. I am not a local, state, or federal government office or entity. (“Business Economic Loss Subclass”)

- I owned or was the lessee of residential real property that received water from the Flint Water Treatment Plant at any time during April 25, 2014, to November 16, 2020. I am not a local, state, or federal government entity. (“Property Damage Subclass”)

2. If you checked the box above for “Adult Exposure Subclass,” please answer the following questions:

- Did you have a blood lead test taken between April 25, 2014, and July 31, 2016, with results of 5 ug/dL or above?
 Yes No

- Did you live or dwell in a residence that had water samples taken between April 25, 2014, and July 31, 2016, with lead results of 15 ppb or above?
 Yes No I don’t know

If you answered, “I don’t know,” please list all addresses where you lived or dwelled between those dates.

- Did you live or dwell in a residence between April 25, 2014, and July 31, 2016, that had lead or galvanized steel service lines?
 Yes No I don’t know

If you answered, “I don’t know,” please list all addresses where you lived or dwelled between those dates.

- Did you contract Legionnaire’s Disease between April 25, 2014, and December 31, 2018?

Yes No

- If a Personal Representative is filling out the form, did the Claimant die of Legionnaire’s Disease between April 25, 2014 and December 31, 2018?

Yes No

3. If you checked the box above for “Property Damage Subclass,” please answer the following questions:

- Did you own real property that had any water sample taken between April 25, 2014, and July 31, 2016, showing lead in the water of 15 ppb or above?

Yes No

- Did you own real property between April 25, 2014, and July 31, 2016, that had lead or galvanized steel service lines?

Yes No I don’t know

- If you answered, “I don’t know” to either of the previous two questions, please list all real property addresses that you owned between those dates:
