

**(Attachment B–To Exclude Yourself from State Law Class)**

“OPT-OUT” FORM  
(South Carolina Payment of Wages Act Claim)

Kevin Faile et al. v. Lancaster County, South Carolina  
(Lancaster County EMS Overtime Case)

Civil Action No. 0:10-cv-2809-CMC

Please type or print in ink the following:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

3. Phone: \_\_\_\_\_ (work) \_\_\_\_\_ (home/mobile)  
(Phone numbers optional)

4. I am a member of the Class described in the Notice. However, I do not wish to participate in the claims under South Carolina law, and I hereby opt out of the Class. I understand and acknowledge that I will not be bound by the judgment in this Lawsuit and that I will not receive any benefit from this Lawsuit if there is a judgment in favor of the Class. I further understand that I will remain free to pursue any legal claims I may have against Defendant, Lancaster County, South Carolina, in a separate lawsuit, even if there is a judgment against the Class in the above-referenced Lawsuit.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

Name and Address of Attorney (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return one copy of this form to both attorneys if you wish to exclude yourself from the State Class.**