

**CONSENT TO BECOME PARTY PLAINTIFF IN THE  
COLLECTIVE ACTION FOR UNPAID OVERTIME WAGES AGAINST  
WELLCARE INC., WELLCARE OF FLA, INC. dba  
STAYWELL HEALTHPLAN OF FLA.,  
COMPREHENSIVE HEALTH MGT. INC. or other  
affiliated companies**

Complete and Mail To:  
Law Office of Jeremiah J. Talbott, P.A.  
900 East Moreno Street  
Pensacola, Fla. 32503

OR:  
**FAX to: (850) 437-0906**  
OR  
**EMAIL to: JJ@talbottlawfirm.com**

By signing below, I state that I have been employed by WELLCARE INC., WELLCARE OF FLA, INC. dba STAYWELL HEALTHPLAN OF FLA., COMPREHENSIVE HEALTH MGT, INC. or other affiliated companies as a Long Term Care Case Manager, Care Manager or other similar titled position. I worked more than forty (40) hours in at least one week and I was not paid for all of the time I worked overtime. I hereby consent to join this lawsuit for violations of the Fair Labor Standards Act ("FLSA").

I hereby designate The Law Office of Jeremiah J. Talbott, P.A, Law Office of John Davis, and Sean Culliton, Esq. to represent me for all purposes of this action.

I also designate the Collective Representative(s) as my agent(s) to make decisions on my behalf concerning the litigation, the method and manner of conducting this litigation, the entering of an agreement with Plaintiffs' counsel concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST, Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone: Cell and Home

**\*Statute of Limitations concerns mandate that you return  
this form as soon as possible to preserve your rights.\***