

CONSENT TO JOIN FORM

1. I was employed by Metropolitan Life Insurance Company as a Long Term Disability (“LTD”) Claim Specialist or Senior LTD Claim Specialist (also colloquially referred to as Case Manager) at some point from April 30, 2015 to the present. During that time, I worked over 40 hours at least one week and was not paid overtime pay.
2. I consent to join the collective action entitled *Julian et al. v. Metropolitan Life Insurance Company*, No. 1:17-cv-00957-AJN, seeking to recover overtime pay and other relief pursuant to the Fair Labor Standards Act (“FLSA”).
3. I hereby designate Plaintiffs Debra Julian and Stephanie McKinney and Plaintiffs’ Counsel, Sanford Heisler Sharp, LLP and Krakower DiChiara LLC, to represent me in this action and to make decisions on my behalf concerning the action.
4. I agree to be bound by any adjudication of the FLSA claims in this action, whether favorable or unfavorable and to be bound by any settlement of the FLSA claims entered into on my behalf by the Plaintiffs, if any.

First Name	Middle Name	Last Name
Signature	Date	

**COMPLETED FORM MUST BE POSTMARKED AND/OR RECEIVED ON OR
BEFORE APRIL 22, 2019**

Julian v. MetLife Lawsuit
RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479
Toll Free Phone Number: 1-(866)-742-4955
Email: info@rg2claims.com
Facsimile: 215-827-5551

CONTACT INFORMATION FOR PLAINTIFFS' COUNSEL

Print Name: _____

Street Address: _____

City, State, and ZIP: _____

Telephone Number(s): Home: _____

 Work: _____

 Cell: _____

E-mail
Address: _____

Please return to:

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