

UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT

**ELIZABETH PAPARELLA**, individually,  
and on behalf of others similarly situated,

Plaintiff,

vs.

**CARECENTRIX, INC.**,

Defendant.

Case No.: 3:19-cv-00180-JAM

**CONSENT TO JOIN**

I certify that I worked as a Verification Specialist for Carecentrix, Inc. within the period of three (3) years prior to February 6, 2019 and present.

I hereby consent to be a Plaintiff in the Fair Labor Standards Act case captioned above. I hereby consent to the bringing of any claims I may have under the Fair Labor Standards Act (for unpaid minimum wages, overtime, liquidated damages, attorney's fees, costs and other relief) and applicable state wage and hour law against the Defendant(s). I further consent to bringing these claims on a collective and/or class basis with other current/former employees of Defendant(s), to be represented by Brown, LLC and to be bound by any settlement of this action or adjudication by the Court.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Name:** \_\_\_\_\_

*PLEASE FILL IN YOUR **CONTACT INFORMATION** ON THE NEXT PAGE AND WHILE THE CASE REMAINS PENDING **PLEASE PROVIDE ANY UPDATES** TO YOUR PHONE NUMBER, EMAIL ADDRESS, AND MAILING ADDRESS TO BROWN, LLC*

**CONTACT INFORMATION**

**Address:** \_\_\_\_\_  
*Street*

**Tel. Number:** \_\_\_\_\_

\_\_\_\_\_  
*City, State, Zip Code*

**E-mail Address:** \_\_\_\_\_

**RETURN BY TO PLAINTIFF'S ATTORNEYS BROWN, LLC:**

[flsagroup@jtblawgroup.com](mailto:flsagroup@jtblawgroup.com)  
111 Town Square Place, Suite 400  
Jersey City, NJ 07310  
(877) 561-0000 (office); (855) 582-5297 (fax)

*You may return your form by mail, fax or e-mail, or by arranging for an electronic signature.*