

**OPT IN FORM  
FOR FLSA SETTLEMENT**

***TO RECEIVE THE PORTION OF SETTLEMENT FUNDS FROM THE FLSA CLASS, YOU MUST COMPLETE, SIGN, AND MAIL THIS OPT IN CLAIM FORM BY FIRST CLASS U.S. MAIL OR INTERNATIONAL MAIL, POSTMARKED ON OR BEFORE SEPTEMBER 4, 2020 TO***

***Mishra v. Cognizant Technology Solutions  
c/o: ILYM Group, Inc.  
P.O. Box 2031  
Tustin, CA 92781***

*Alternatively, you may opt in online at [www.cognizanttechsettlement.com](http://www.cognizanttechsettlement.com) on or before September 4, 2020, using your claim number listed below. If you opt in online, you do not need to mail this form.*

**Your Claim Number is: [INSERT CLAIM #].**  
**Your Unique Pin Number: [INSERT UNIQUE PIN #]**  
You will need this number if you decide to opt in online.

Name(s) Used During Employment at Cognizant:

\_\_\_\_\_

Last Four (4) Digits of Your U.S. Social Security Number, If Applicable: \_\_\_\_\_

Email Address, If Available: \_\_\_\_\_

Phone Number, If Available: \_\_\_\_\_

**OPT IN STATEMENT**

Pursuant to the Settlement Agreement in the matter of Debi Mishra v. Cognizant Technology Solutions U.S. Corporation, et al. (Case No. 2:17-cv-01785 –TLN-EFB), available at [www.cognizanttechsettlement.com](http://www.cognizanttechsettlement.com). I submit this form in order to opt into the FLSA Class Settlement, and am agreeing to a full and complete release of the Released FLSA Claims as defined in the Settlement Agreement, and as summarized in the Notice that accompanied this Opt In Form. I understand that by submitting this opt in form I am expressly consenting to settle, release, and relinquish claims as set detailed the Settlement Agreement.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

ILYM ID: