**Exhibit C**

**Sample Opt Out Log**

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| **CLAIMANT NAME** | **CLAIM #** | **SSN** | **DATE OPT OUT NOTIFICATION FORM SIGNED (TERM)** | **CHOSEN TR DR** | **Employee County** | **Employee Zip Code** |
| John Jones | 1111111-111 | 123-23-1234 | 3/27/2007 | Dr. PPP, MD | Cook | 60601 |
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