[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Settlement Administrator or Defendant Legal Counsel]
[Company Name]
[Address]
[City, State, Zip Code]

RE: Notice of Opt-Out and Demand for Settlement
Case Name: [Insert Class Action Case Name]
Case Number: [Insert Case Number]
Device Name: [Insert Product Name/Model Number]

To Whom It May Concern,

I am writing to formally provide notice that I am opting out of the proposed class action settlement in the above-referenced matter. I do not wish to be a member of the settlement class and I elect to preserve my right to pursue individual legal action against [Name of Manufacturer/Defendant].

This demand is based on significant injuries I sustained as a direct result of the defective [Name of Medical Device]. My medical history and complications related to this device include:

- **Date of Implantation:** [Date]
- **Nature of Injuries:** [Briefly describe physical injuries, e.g., organ damage, chronic pain, infection]
- **Revision Surgeries:** [List dates and types of additional surgeries required to remove or fix the device]
- **Permanent Impairment:** [Describe any lasting disability or loss of quality of life]

The proposed class settlement amount is insufficient to cover my actual damages, which include extensive medical expenses, lost wages, future medical care, and significant pain and suffering.

Formal Demand:
In light of the specific severity of my injuries, I hereby demand a settlement in the amount of $[Insert Dollar Amount] to resolve my individual claims. This offer is made for the purpose of settlement and compromise only.

Please acknowledge receipt of this opt-out notice and my settlement demand within [Insert Number, e.g., 30] days. I look forward to your prompt response to discuss a fair resolution of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]