

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
ORLANDO DIVISION

ARLENE ROSARIO, and GEANENE  
SILAS, On behalf of  
themselves and others similarly situated,

Plaintiff,

CASE NO.: 6:20-CV-352-Orl-78EJK

FLSA COLLECTIVE ACTION

v.

PROGRESSIVE CASUALTY INSURANCE  
COMPANY, a Foreign for Profit Corporation,

Defendant.

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**CONSENT TO JOIN**

By my signature below, I hereby state my consent and authorize the filing of this Consent to Join this collective action lawsuit pending in the Middle District of Florida, Orlando Division and to be an Opt-In Plaintiff in this Fair Labor Standards Act (“FLSA”) case against Defendant, Progressive Casualty Insurance Company. I consent to the bringing of any claims I may have under the Fair Labor Standards Act (for unpaid overtime, liquidated damages, attorneys' fees and costs,) against Progressive Casualty Insurance Company, and opt into this action.

I am currently and/or have been employed as an employee for Defendant and was not paid overtime when I worked more than forty (40) hours in any workweek, and I consent and agree to join this action to pursue my claims in connection with the above-referenced lawsuit arising out of my employment in the following positions [select one or both] when working in Florida:

- a) From on or about \_\_\_\_\_(list month and year) to on or about \_\_\_\_\_(list month and year) as a Medical Rep Assoc, during which time my duties included processing PIP claims;

b) From on or about \_\_\_\_\_ (list month and year) to on or about \_\_\_\_\_ (list month and year) as a Medical Rep Int, during which time my duties included processing PIP claims.

I understand that this lawsuit is brought under the FLSA, 29 U.S.C. § 201, *et seq.* I hereby consent, agree, and “opt in” (or join) the lawsuit and agree to be bound by any judgment by the Court or any settlement of this action, whether it is favorable or unfavorable. To the extent I am subject to an arbitration agreement with Progressive, I understand that I may be compelled to pursue my claims in an individual arbitration and not in court. I agree to be bound by any decision or judgment by the Court in the lawsuit or settlement of this action (if I am not compelled to submit my claims to individual arbitration) or by an arbitrator (if my claim is submitted to arbitration).

I hereby designate the Representative Plaintiffs and Plaintiffs’ counsel, Mary E. Lytle, Esquire and David V. Barszcz, Esquire of LYTLE & BARSZCZ, 533 Versailles Road, Second Floor, Maitland, Florida 32751, to represent me for all purposes in this action, including making any decisions on my behalf concerning this lawsuit, including settlement (or arbitration). I also designate the Representative Plaintiffs in this action as my agents to make decisions on my behalf concerning the litigation, including the method and manner of conducting this litigation, entering into any settlement agreements, entering into an agreement with Plaintiffs’ counsel concerning attorneys’ fees and costs (with the understanding if there is no recovery, there will be no attorneys’ fees), and all other matters pertaining to this lawsuit. I understand that, in the event that my claims are submitted to individual arbitration, I am retaining the above-named lawyers to represent me.

By signing below, I verify that I have read and understood the Court-Authorized Notice (“Notice”) in this case and will comply with the terms and conditions outlined in the Notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail

**To join this suit (or bring your claim in individual arbitration if necessary), you must complete and return this form by mail, facsimile or email by July 26, 2021, to:**

**LYTLE & BARSZCZ, P.A.**

**533 Versailles Drive 2nd Floor**

**Maitland, FL 32751**

**Facsimile: (407) 622-6545**

**Email: [mlytle@lblaw.attorney](mailto:mlytle@lblaw.attorney)**