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WALKER v. HIGHMARK BCBSD HEALTH OPTIONS, INC.
CLASS ACTION SETTLEMENT CLAIM FORM

TO RECEIVE A PAYMENT FROM THE SETTLEMENT FUND, YOU MUST COMPLETE A CLAIM FORM AND SUBMIT IT BY MARCH 27, 2023.

IMPORTANT NOTE: You may submit a claim online at www.hhotcpasettlement.com. If you choose instead to complete this paper Claim Form, return it using the prepaid return envelope included with this mailing or send to the address listed below.

Please only submit one Claim Form per Phone Number.

STEP 1 - DIRECTIONS

Fill out the boxes with the information requested below. Please print legibly. Then review the information and sign the certification.

Settlement amounts, if any, will be paid only to the person listed below, at the address listed below.

STEP 2 – CLAIMANT INFORMATION

Fill out for the subscriber or primary user of the telephone number (at any point since November 30, 2016) that received pre-recorded calls from Highmark Health Options:

First Name | MI | Last Name

Current Mailing Address

City | State | ZIP Code

Email (*optional*)

Telephone number that received the calls: ___ – ___ – ____

Current contact phone number: ___ – ___ – ____

STEP 3 – CERTIFICATION

By submitting this Claim Form, I hereby certify that:

I am the person listed above and I am, or was at some point since November 30, 2016, the subscriber or principal user of the telephone number listed in Step 2 and I recall receiving prerecorded calls made by or on behalf of Highmark Health Options.

I certify that the above statement is true and correct and that this is the only Claim Form that I have submitted and/or will submit in connection with the telephone number provided in Step 2. I understand that I may be contacted by the Claims Administrator to provide additional information as necessary to process any payment under the settlement.

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Under penalty of perjury, all information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature

Date: MM – DD – YYYY

Print Name

METHODS OF SUBMISSION

You may fill out and submit this form online at www.hhotcpasettlement.com

You may also submit this paper form by mail using the prepaid return envelope, or by sending the completed and signed form in a different envelope, postage prepaid, via U.S. Mail to:

Walker v. Highmark Health Options Claims Administrator
P.O. Box 3937
Portland, OR 97208-3937

Your submission must be postmarked no later than March 27, 2023.

Questions? Visit **www.hhotcpasettlement.com** or call **1-800-944-1017**.