

CLAIM FORM

Sahara Campbell, et al., v. Premierfirst Home Health Care, Inc.
USDC, SDOH, Eastern Div., Case No.: 2:22-cv-199

ATTN: «EmployeeName» :

To receive a settlement payment, your completed Claim Form must be postmarked for return or returned to the Claims Administrator on or before December 12, 2024.

You can return the completed Claim Form by U.S. mail in the pre-paid envelope that was mailed to you; by email to the Claims Administrator’s email address premierfirstsettlement@cptgroup.com; or by facsimile to (949) 419-3446. The Claims Administrator’s information is:

Campbell, et al. v. Premierfirst Home Health Care, Inc, et al.
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Email: premierfirstsettlement@cptgroup.com
Website : www.cptgroupcaseinfo.com/premierfirstsettlement

Please type or print in ink the following:

Name (First, Middle, Last):

Telephone Number (Home or Mobile):

Address:

City, State, Zip:

Email Address:

VERIFICATIONS

By signing and submitting this Claim Form to the Claims Administrator, I consent to join this Lawsuit, I want to participate in the settlement, I want to receive a payment from the Settlement Funds, and in return I release any Settled Claims I have against Defendants, all as described in the accompanying Notice.

By signing below, I affirm that I am an Eligible Class Member and that all the information I have provided in this Claim Form is true and correct. I agree to cooperate with the Claims Administrator if further inquiry is made of me by the Claims Administrator.

Sign your name here

Print your name here

Date