

1  
2  
3  
4  
5  
6 UNITED STATES DISTRICT COURT  
7 WESTERN DISTRICT OF WASHINGTON  
8 AT SEATTLE

9 D.T., by and through his parents and  
10 guardians, K.T. and W.T., individually, on  
11 behalf of similarly situated individuals, and  
12 on behalf of the NECA/IBEW Family Medical  
13 Care Plan,

14 Plaintiff,

15 v.

16 NECA/IBEW FAMILY MEDICAL CARE  
17 PLAN, THE BOARD OF TRUSTEES OF THE  
18 NECA/IBEW FAMILY MEDICAL CARE  
19 PLAN, SALVATORE J. CHILIA, ROBERT P.  
20 KLEIN, DARRELL L. MCCUBBINS, GEARY  
21 HIGGINS, LAWRENCE J. MOTER, JR.,  
22 KEVIN TIGHE, JERRY SIMMS, AND ANY  
23 OTHER INDIVIDUAL MEMBER OF THE  
24 BOARD OF TRUSTEES OF NECA/IBEW  
25 FAMILY MEDICAL CARE PLAN,

26 Defendants.

NO. 2:17-cv-00004

COMPLAINT  
(CLASS ACTION)

[REDACTED]

**I. PARTIES**

1. **D.T.** Plaintiff D.T. is the three-year-old son and dependent of K.T. and W.T. and resides in Snohomish County, Washington. D.T. is a beneficiary, as defined by ERISA § 3(8), 29 U.S.C. § 1002(8), of the NECA/IBEW Family Medical Care Plan. D.T.'s coverage is through K.T.'s employment.



1 however, excludes coverage of medically necessary NDT and ABA services to treat  
2 developmental mental health conditions like ASD. Plaintiff seeks to enforce the Federal  
3 Mental Health Parity Act, though ERISA and the terms of the Plan, to end such  
4 discriminatory practices.

5 7. On October 3, 2008, Congress passed the Paul Wellstone and Pete  
6 Domenici Mental Health Parity and Addiction Equity Act of 2008, commonly known as  
7 the Federal Mental Health Parity Act. The Federal Parity Act expanded the scope of  
8 previous federal legislation on access to mental health coverage and was “designed to  
9 end discrimination in the provision of coverage for mental health and substance use  
10 disorders, as compared to medical and surgical conditions.” *Coalition for Parity v.*  
11 *Sebelius*, 709 F. Supp. 2d 10, 13 (D.D.C. 2010). The Federal Parity Act requires that the  
12 exclusions and limitations imposed on mental health services are “no more restrictive”  
13 than those applied to substantially all medical and surgical benefits. *See* 29 U.S.C.  
14 § 1185a(a)(3); 42 U.S.C. § 300gg-5(a)(3); 26 U.S.C. § 9812(a)(3). The Federal Parity Act  
15 took effect as of October 3, 2009.

16 8. The Federal Parity Act requires the Plan to cover all outpatient and  
17 inpatient services to treat mental disorders covered by the diagnostic categories listed in  
18 the most current version of the Diagnostic and Statistical Manual of Mental Disorders  
19 (“DSM”), so long as the services are medically necessary. It further requires that the Plan  
20 ensure that treatment limitations on services to treat DSM mental health conditions are  
21 no more restrictive than the predominant treatment limitations imposed on substantially  
22 all of the Plan’s medical and surgical services. 29 U.S.C. § 1185a(3)(A)(ii).

23 9. Defendants, the Plan and its Trustees, do not apply the Federal Parity Act  
24 requirements to all services that are necessary to treat conditions listed in the DSM. The  
25 Plan and its Trustees have adopted a uniform policy excluding all coverage for NDT and  
26

1 ABA therapies to treat developmental mental health conditions like ASD, even when  
2 medically necessary. The Plan excludes these mental health services, even though the  
3 Plan authorizes other medical/surgical coverage (including preventive screening/  
4 diagnostic services related to developmental disabilities and autism) for its enrollees  
5 with developmental mental health conditions. D.T. was denied his pre-service request  
6 for coverage of ABA therapy to treat his autism, even though the Plan covered his  
7 preventive screening/diagnostic testing for ASD. When D.T. appealed, the Plan denied  
8 his appeals, asserting that ABA therapy to treat ASD was excluded from the Plan, despite  
9 the requirements of the Federal Parity Act. D.T. was also denied coverage of medically  
10 necessary NDT services to treat his ASD, which he similarly appealed to no avail.

11 10. The Plan's exclusion of mental health services to treat developmental  
12 conditions, while covering medical treatment provided for enrollees with those  
13 conditions, violates the requirements of the Federal Parity Act, 29 U.S.C. § 1185a, and  
14 their implementing regulations, which are incorporated as "terms of the plan[s]" into the  
15 Plan under ERISA. By failing to comply with the Federal Parity Act and the terms of the  
16 Plan (as modified by the Parity Act), the Plan and its Trustees are systemically and  
17 uniformly failing to properly process claims and administer the Plan. The Plan's  
18 participants and beneficiaries have not received the benefits to which they are entitled  
19 to under the Plan or under Federal law. The Plan's participants and beneficiaries are  
20 being misinformed by defendants with respect to their right to coverage under the Plan  
21 and the Federal Parity Act.

22 11. This lawsuit seeks remedies for the Plan and its Trustees' breach of contract  
23 and breach of fiduciary duty under ERISA, arising out of their failure to comply with the  
24 terms of the Plan and federal law. It further seeks to recover the benefits that have been  
25 wrongfully denied to D.T. and the class he seeks to represent. It also seeks a court order  
26

1 declaring the Plan's and the Trustees' exclusions, limitations, policies and practices  
2 illegal and void. The lawsuit further seeks an injunction to prevent any future or  
3 ongoing efforts by the Plan and/or the Trustees to use and enforce any exclusions,  
4 limitations, policies or practices that impermissibly deny, exclude or limit beneficiaries'  
5 access to medically necessary services to treat conditions recognized in the latest version  
6 of the DSM under the Plan. Finally, it seeks to require defendants to provide accurate  
7 information concerning the required coverage of NDT and ABA services under the Plan.

#### 8 **IV. CLASS ALLEGATIONS**

9 12. *Definition of Class.* D.T. proposes the following class:

10 All individuals who have been, are, or will be participants or  
11 beneficiaries under the NECA/IBEW Family Medical Care  
12 plan, and who have received, require, or are expected to  
13 require neurodevelopmental therapies (NDT) and/or Applied  
14 Behavior Analysis (ABA) therapy for the treatment of mental  
15 health conditions listed in the DSM.

16 13. *Size of Class.* The class of persons who have received, require or are  
17 expected to require NDT and ABA services for the treatment of conditions listed in the  
18 DSM, and who have been, are or will be beneficiaries under the Plan, is expected to  
19 number in the hundreds and is so large that joinder of all members is impracticable.

20 14. *Class Representative D.T.* Named plaintiff D.T. is an enrollee in the Plan.  
21 D.T. is diagnosed with ASD, a condition that is listed in the most recent DSM. D.T. needs  
22 NDT and ABA services to treat his ASD. The Plan denied D.T.'s request for coverage of  
23 NDT and ABA services as excluded under the Plan. His claims are typical of the claims  
24 of the other members of the class, and through his parents, he will fairly and adequately  
25 represent the interests of this class.

26 15. *Common Questions of Law and Fact.* This action requires a determination  
of whether the Plan's application of contract provisions, policies and practices that deny,

1 exclude and/or limit coverage of services to treat conditions identified in the DSM  
2 violates the Federal Parity Act and the terms of the Plan as modified by the Federal Parity  
3 Act. Adjudication of this issue will in turn determine whether the Plan is liable under  
4 ERISA for its conduct.

5 16. *Separate suits would create risk of varying conduct requirements.* The  
6 prosecution of separate actions by class members against the Plan would create a risk of  
7 inconsistent or varying adjudications with respect to individual class members that  
8 would establish incompatible standards of conduct. Certification is therefore proper  
9 under Federal Rule of Civil Procedure 23(b)(1).

10 17. *The Plan has acted on grounds generally applicable to the class.* The Plan,  
11 by applying policies and practices that result in the improper exclusion and limitation of  
12 certain services to treat certain conditions listed in the DSM, have acted on grounds  
13 generally applicable to the class, rendering declaratory relief appropriate respecting the  
14 entire class. Certification is therefore proper under Federal Rule of Civil  
15 Procedure 23(b)(2).

16 18. *Questions of law and fact common to the class predominate over*  
17 *individual issues.* The claims of the individual class members are more efficiently  
18 adjudicated on a class-wide basis. Any interest that individual members of the classes  
19 may have in individually controlling the prosecution of separate actions is outweighed  
20 by the efficiency of the class action mechanism. Upon information and belief, there is no  
21 pending class action suit filed against these defendant for the same relief requested in  
22 this action, for a class of ERISA insureds.

23 19. *Venue.* This action can be most efficiently prosecuted as a class action in  
24 the Western District of Washington, where the breach of contract and violation of the  
25 Parity Act occurred and where D.T. resides. Issues as to The Plan's conduct in applying  
26

1 standard policies and practices towards all members of the class predominate over  
2 questions, if any, unique to members of the class. Certification is therefore additionally  
3 proper under Federal Rule of Civil Procedure 23(b)(3).

4 20. *Class Counsel.* D.T. has retained experienced and competent class counsel.

5 **V. FACTUAL BACKGROUND**

6 21. During certain time periods on and after October 3, 2009, D.T. and  
7 members of the class have been, are or will be participants or beneficiaries of the Plan,  
8 which is subject to ERISA pursuant to 29 U.S.C. § 1003.

9 22. Since October 3, 2009, and continuing to the present, D.T. and other  
10 members of the class have been diagnosed with developmental mental health conditions  
11 listed in the DSM, such as autism and/or ASD.

12 23. D.T. and other members of the class have required, currently require or  
13 will require NDT and ABA services to treat their developmental mental health  
14 conditions. As defined by the Plan and relevant state and federal law, their NDT and  
15 ABA services are “mental health services.” The Plan, however, has denied all coverage  
16 of such treatment through the application of exclusions and limitations.

17 24. The application of these uniform Plan exclusions and limitations is not “at  
18 parity” with the Plan’s coverage of medical/surgical services. Specifically, the Plan  
19 covers developmental and autism screening/diagnostic services as a medical/surgical  
20 preventive service, as well as other medical/surgical services for enrollees with  
21 developmental mental health conditions. The Plan, however, excludes NDT and ABA  
22 therapies, the essential mental health services to treat these conditions. As a result, D.T.  
23 and other members of the class have paid for NDT and ABA services out of their own  
24 pockets, or face the imminent threat that they will have to do so in the near future. Other  
25 class members have been forced to forgo needed treatment due to the Plan’s conduct.



1 25. In light of the established Plan documents, statements and written  
2 representations by the Plan to the parents and providers of D.T. and other members of  
3 the class, any attempt by class members to pursue administrative remedies is futile.  
4 Nonetheless, D.T. has completed the internal appeal process within the Plan over its  
5 denial of coverage of his NDT and ABA services to no avail. He has exhausted his  
6 administrative remedies.

7 **VI. CLAIMS FOR RELIEF**

8 **FIRST CLAIM:**  
9 **BREACH OF FIDUCIARY DUTIES**  
10 **ERISA § 404(a)(1), 29 U.S.C. § 1104(a)**

11 26. D.T. re-alleges all paragraphs above.

12 27. The Plan is a fiduciary under ERISA § 3(21)(A), 29 U.S.C. § 1002(21)(A),  
13 because it is the Plan Administrator and a Plan fiduciary. The Board of Trustees are  
14 fiduciaries under ERISA § 3(21)(A) because they are the “appropriate named fiduciary”  
15 of the Plan and exercise discretionary authority or discretionary control with respect to  
16 the denial and appeal of denied claims under the Plan.

17 28. ERISA imposes strict fiduciary duties upon plan fiduciaries. ERISA  
18 § 404(a)(1)(C), 29 U.S.C. § 1104(a)(1)(C), states, in relevant part, that a plan fiduciary  
19 must discharge its duties with respect to a plan “solely in the interest of the participants  
20 and beneficiaries and ... in accordance with the documents and instruments governing  
21 the plan insofar as such documents and instruments are consistent with the provisions  
22 of this title and Title IV.”

23 29. ERISA § 409(a), 29 U.S.C. § 1109(a), states, in relevant part:

24 Any person who is a fiduciary with respect to a plan who  
25 breaches any of the responsibilities, obligations, or duties  
26 imposed upon fiduciaries by this title shall be personally liable  
to make good to such plan any losses to the Plan resulting from  
each such breach, and to restore to such plan any profits of



1 such fiduciary which have been made through each such  
2 breach, and to restore to such plan any profits of such fiduciary  
3 which have been made through use of assets of the Plan by the  
4 fiduciary, and shall be subject to such other equitable or  
remedial relief as the court may deem appropriate, including  
removal of such fiduciary.

5 30. The terms of an ERISA plan include non-preempted provisions of  
6 substantive law, such as the requirements in the Federal Parity Act. The Plan and the  
7 Board of Trustees have failed to comply with the terms of the Plan, which include the  
8 requirements of the Federal Parity Act and its implementing regulations.

9 31. The Plan and the Trustees violated their obligations under ERISA  
10 § 404(a)(1), 29 U.S.C. § 1104(a)(1), by failing to act in accordance with the documents and  
11 instruments governing the Plan, and breached their fiduciary duties to the Plan, D.T. and  
12 all class members.

13 32. As a direct and proximate result of these acts and omissions, D.T., class  
14 members and the Plan have suffered losses and are entitled to relief under ERISA against  
15 The Plan and the Trustees.

16 33. D.T., class members and the Plan seek recovery of all losses to the Plan,  
17 including, but not limited to, relief compelling the Plan and UHC to restore to the Plan  
18 all losses, including interest, arising from the breaches of fiduciary duties when  
19 treatment required by the terms of the Plan as modified by the Federal Parity Act and  
20 implementing regulations was denied.

21 **SECOND CLAIM:**  
22 **CLAIM FOR RECOVERY OF BENEFITS, CLARIFICATION OF RIGHTS**  
23 **UNDER TERMS OF THE PLANS AND CLARIFICATION OF**  
**RIGHT TO FUTURE BENEFITS UNDER THE PLAN**  
24 **ERISA § 502(a)(1)(B), 29 U.S.C. § 1132(a)(1)(B)**

25 34. D.T. re-alleges all the paragraphs above.  
26



1 failure to administer the terms of the Plan as modified by the Federal Parity Act and  
2 implementing regulations.

3 **VII. DEMAND FOR RELIEF**

4 WHEREFORE, D.T. requests that this Court:

5 1. Certify this case as a class action, designate named plaintiff D.T. as class  
6 representative, and designate SIRIANNI YOUTZ SPOONEMORE HAMBURGER, Richard E.  
7 Spoonemore, and Eleanor Hamburger as class counsel;

8 2. Enter judgment on behalf of the Plan, D.T. and the class for losses sustained  
9 by such Plan due to the Plan and the Trustees' breaches of fiduciary duty and failure to  
10 pay Plan benefits;

11 3. Declare that the Plan and the Trustees may not apply contract provisions,  
12 policies or practices that wholly exclude or impermissibly limit NDT and ABA services  
13 to treat developmental mental health conditions, since such exclusions and/or  
14 limitations are not predominantly applied to medical and surgical services;

15 4. Enjoin the Plan and the Trustees from further violations of the terms of the  
16 Plan as modified by the Federal Parity Act and implementing regulations;

17 5. Enter judgment in favor of D.T. and the class for damages in an amount to  
18 be proven at trial due to the failure to provide benefits due under the Plan as modified  
19 by the Federal Parity Act and its implementing regulations;

20 6. Award D.T. and the class their attorney fees and costs under ERISA  
21 § 502(g), 29 U.S.C. § 1132(g); and

22 7. Award such other relief as is just and proper.

1 DATED: January 4, 2017.

2 SIRIANNI YOUTZ  
3 SPOONEMORE HAMBURGER

4 By: s/ Richard E. Spoonemore

5 By: s/ Eleanor Hamburger

6 Richard E. Spoonemore (WSBA #21833)

Eleanor Hamburger (WSBA #26478)

7 701 Fifth Avenue, Suite 2560

Seattle, WA 98104

8 Tel. (206) 223-0303

Fax (206) 223-0246

9 Email: [rspoonemore@sylaw.com](mailto:rspoonemore@sylaw.com)

[ehamburger@sylaw.com](mailto:ehamburger@sylaw.com)

10 Attorneys for Plaintiff

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

D.T., by and through his parents and guardians, K.T. and W.T., individually, on behalf of similarly situated individuals, and on behalf of the NECA/IBEW Family Medical Care Plan

(b) County of Residence of First Listed Plaintiff Snohomish (EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Eleanor Hamburger and Richard E. Spoonemore
Sirrianni Youtz Spoonemore Hamburger
701 Fifth Avenue, Suite 2560, Seattle, WA 98104 (206) 223-0303

DEFENDANTS

NECA/IBEW Family Medical Care Plan, The Board of Trustees of the NECA/IBEW Family Medical Care Plan, Salvatore J. Chilia, Robert P. Klein, Darrell L. McCubbins, Geary Higgins, Lawrence J. Moter, Jr., Kevin Tighe, Jerry Simms, et al.
County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

Katie M. Burch, POTTS-DUPRE, HAWKINS & KRAMER, CHTD.
900 Seventh Street, N.W., Suite 1020, Washington, DC 20001
(202) 223-0888

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- 1 U.S. Government Plaintiff
2 U.S. Government Defendant
3 Federal Question (U.S. Government Not a Party)
4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Table with columns for Plaintiff (PTF) and Defendant (DEF) citizenship and business location (Citizen of This State, Citizen of Another State, Citizen or Subject of a Foreign Country, Incorporated or Principal Place of Business In This State, Incorporated and Principal Place of Business In Another State, Foreign Nation).

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Large table with categories: CONTRACT, REAL PROPERTY, TORTS, CIVIL RIGHTS, PRISONER PETITIONS, FORFEITURE/PENALTY, LABOR, IMMIGRATION, BANKRUPTCY, SOCIAL SECURITY, FEDERAL TAX SUITS, OTHER STATUTES. Each category contains a list of legal claims with checkboxes.

V. ORIGIN (Place an "X" in One Box Only)

- 1 Original Proceeding
2 Removed from State Court
3 Remanded from Appellate Court
4 Reinstated or Reopened
5 Transferred from Another District (specify)
6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): ERISA Sec. 502(e)(2), 29 U.S.C. Sec. 1132(e)(2)

Brief description of cause: Seeking remedies for breach of fiduciary duty, recovery of denied benefits, and injunction

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ CHECK YES only if demanded in complaint: JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE DOCKET NUMBER

DATE 01/04/2017 SIGNATURE OF ATTORNEY OF RECORD s/ Eleanor Hamburger (WSBA #26478)

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

**INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44**

## Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.  
 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.  
 United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.  
 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.  
 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerk(s) in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.
- V. Origin.** Place an "X" in one of the six boxes.  
 Original Proceedings. (1) Cases which originate in the United States district courts.  
 Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.  
 Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.  
 Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.  
 Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.  
 Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.  
 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.  
 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.
- Date and Attorney Signature.** Date and sign the civil cover sheet.

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: NECA/IBEW FAMILY MEDICAL CARE PLAN, Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*



AO 440 (Rev. 2/09) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: THE BOARD OF TRUSTEES OF THE NECA/IBEW FAMILY MEDICAL CARE PLAN, Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: SALVATORE J. CHILIA, Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 2/09) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: ROBERT P. KLEIN, Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 2/09) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:



AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: DARRELL L. McCUBBINS, Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff’s attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 2/09) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: GEARY HIGGINS, Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff’s attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 2/09) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: LAWRENCE J. MOTER, JR., Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff’s attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 2/09) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: KEVIN TIGHE, Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*



AO 440 (Rev. 2/09) Summons in a Civil Action (Page 2)

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

AO 440 (Rev. 02/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT  
for the  
WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

D.T., by and through his parents and guardians, K.T.  
and W.T., individually, on behalf of similarly situated  
individuals, and on behalf of the NECA/IBEW Family  
Medical Care Plan,

Plaintiff,

v.

NECA/IBEW FAMILY MEDICAL CARE PLAN, THE  
BOARD OF TRUSTEES OF THE NECA/IBEW  
FAMILY MEDICAL CARE PLAN, SALVATORE J.  
CHILIA, ROBERT P. KLEIN, DARRELL L.  
MCCUBBINS, GEARY HIGGINS, LAWRENCE J.  
MOTER, JR., KEVIN TIGHE, JERRY SIMMS, AND  
ANY OTHER INDIVIDUAL MEMBER OF THE  
BOARD OF TRUSTEES OF NECA/IBEW FAMILY  
MEDICAL CARE PLAN,

Defendants.

Civil Action No. 2:17-cv-00004

SUMMONS IN A CIVIL CASE

To: JERRY SIMMS, Defendant:

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it)—or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3)—you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Eleanor Hamburger  
Richard E. Spoonemore  
SIRIANNI YOUTZ SPOONEMORE HAMBURGER  
701 Fifth Avenue, Suite 2560  
Seattle, WA 98104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_, on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

# ClassAction.org

This complaint is part of ClassAction.org's searchable class action lawsuit database and can be found in this post: [NECA/IBEW Family Medical Care Plan, Trustees Hit with ERISA Class Action](#)

---