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The DEADLINE to submit or mail this Claim Form is: June 24, 2025

## Marden's Ark v. UnitedHealth Group Inc. No. 5:23-cv-00708-M-KS

For Office Use Only

## **CLAIM FORM**

## Section I - Instructions

This Form must be received by the Settlement Administrator no later than June 24, 2025.

This Claim Form may be submitted in one of two ways:

- 1. Electronically through www.CHWtcpasettlement.com.
- 2. Mail to: Marden's Ark v. UnitedHealth Group Inc., c/o Kroll Settlement Administration LLC, P.O. Box 5324, New York, NY 10150-5324

To receive a payment from this Settlement via an electronic payment, you must submit the Claim Form below electronically at www.CHWtcpasettlement.com by June 24, 2025.

To be effective as a claim under the proposed Settlement, this form must be completed, signed, and sent, as outlined above, **no later than June 24, 2025.** If this Claim Form is not postmarked or submitted by this date, you will remain a Settlement Class Member but will not receive any payment from the Settlement.

If you received a notice regarding the Settlement by mail or email, the notice includes your Claimant Identification Number, which is required to make a claim. If you do not have a Claimant Identification Number, you can request one by contacting the Settlement Administrator by calling 833-421-6595.

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mail (Optional):
referred Phone Number (Required):
Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your Claim. Provision of your email address is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your Claim.
Section III – Confirmation of Class Membership
rireless telephone number(s) for which you were the regular user or subscriber at some point etween December 11, 2019 and March 27, 2025 at which you received one or more prerecorded artificial voice calls from Optum Community Health Workers while you were not a member or bscriber of United Healthcare or had opted out of receiving calls from United Healthcare:
Section IV – Required Affirmations
Section IV – Required Affirmations  SUBMITTED ELECTRONICALLY:
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SUBMITTED ELECTRONICALLY:  I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject audit, verification, and Court review. I am aware that I can obtain a copy of the full notice and Settlement Agreement at www.CHWtcpasettlement.com or the postal address Marden's rk v. UnitedHealth Group Inc., c/o Kroll Settlement Administration LLC, P.O. Box 5324 ew York, NY 10150-5324. Checking this box constitutes my electronic signature on the date
SUBMITTED ELECTRONICALLY:  I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject audit, verification, and Court review. I am aware that I can obtain a copy of the full notice and Settlement Agreement at www.CHWtcpasettlement.com or the postal address Marden's rk v. UnitedHealth Group Inc., c/o Kroll Settlement Administration LLC, P.O. Box 5324 ew York, NY 10150-5324. Checking this box constitutes my electronic signature on the date its submission.





