

CLAIM FORM

Complete and return this Claim Form to the below address by April 15, 2025 to claim your payment.
 Samson v. United HealthCare Services, Inc.
 c/o Settlement Administrator
 P.O. 16
 West Point, PA 19486

I. Claim Verification

Did you receive a Claim # by mail or email? The Claim # is on the postcard front or the top of the email.

- Yes, Claim #: _____ No

Enter the cell phone number(s) you owned or regularly used between January 9, 2015 and January 9, 2019:

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II. Settlement Class Member Identifying Information.

Please provide your name and contact information below. The Settlement Administrator will use the email address you provide below to communicate with you. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name:	Last Name:

Street Address:

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City:	State:	Zip Code:

Email Address:

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Current Phone Number:

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III. Attestation

- I attest that the following statements are true (check each box to indicate your agreement):
- I owned or was the regular user of the cell phone number(s) listed on this Claim Form between January 9, 2015 and January 9, 2019; and
 - To the best of my knowledge and belief, between January 9, 2015 and January 9, 2019, I was not a UnitedHealthcare member, was not authorized to receive calls on behalf of a UnitedHealthcare member, and did not consent to receive calls from UnitedHealthcare.

IV. Certification & Signature.

I declare under penalty of perjury under the laws of the United States of America that the information on this form is true and correct.

Signature	Date: (MM/DD/YY)