

KFHPW Settlement Claims Administrator P.O. Box 5654 Portland, OR 97228-5654 Toll-Free Number: 855-604-1670 TTY Number: 503-597-7662 Email: info@KFHPWClaims.com Website: www.KFHPWClaims.com

Notice of Agreement and Claim Form

You are receiving this notice because we have reason to believe that you requested a sign language interpreter at a Group Health Cooperative or Kaiser Foundation Health Plan of Washington ("KFHPW") location between May 15, 2014, and March 31, 2018, or that a sign language interpreter was requested for you, but that an interpreter was not provided.

The United States of America, through the Department of Justice, conducted an investigation of KFHPW for such practices and the parties agreed to resolve the issue through entry of a settlement agreement ("Agreement"), which includes a fund ("Compensation Fund") to compensate individuals aggrieved by this alleged practice. Under that Agreement, you may be entitled to receive compensation from the Compensation Fund.

In order to assess whether you are entitled to compensation and how much you may be entitled to, the parties hired our firm to obtain certain information from potentially eligible persons like yourself. If you are interested in potentially receiving compensation, please fill out the following information:

First Name:	MI:	Last N	lame:		
Mailing Address:					
City:			· · · ·	State:	ZIP Code:
Telephone Number:					
Email Address:					
I am deaf/Deaf		Yes	No No		
I am deaf-blind		Yes	No No		
I am hard of hearing		Yes	🗌 No		

Please identify your preferred method of communicating with the Claims Administrator by selecting, "Mail", "Email", or "Telephone":

Mail	
Email	
Telephone	

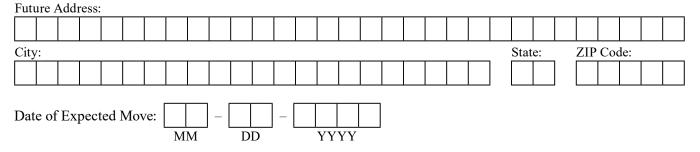
Return it to the following address by May 18, 2022:

KFHPW Settlement Claims Administrator P.O. Box 5654 Portland, OR 97228-5654

Alternatively, you may provide this information through email to **info@KFHPWClaims.com** or by calling **Toll-Free** Number 855-604-1670 OR TTY Number 503-597-7662.

You are not required to provide any documentation at this time; however, if you have documents reflecting your requests for sign language interpreters from either Group Health Cooperative or Kaiser Permanente Health Plan of Washington between May 15, 2014, and March 31, 2018, and you wish to provide them, that may be helpful in establishing your entitlement to compensation under the Compensation Fund. You can mail or email such documents to the address or email address listed above.

Finally, please note that if you relocate or change your contact information during the next twelve (12) months, you will need to notify us at the address, email address, or phone number listed above to provide the new contact information. Failure to provide current contact information may result in your inability to receive funds under this Agreement. If you already know that you will be at a different address from the one listed above, please provide it here:



If you have any other questions about this Agreement, the Compensation Fund, or the claims process, please contact the Settlement Claims Administrator by telephone at Toll-Free Number: 855-604-1670 OR TTY Number: 503-597-7662; by email at info@KFHPWClaims.com; or mail at KFHPW Settlement Claims Administrator P.O. Box 5654, Portland, OR 97228-5654. Information can also be found by visiting the Settlement Website, www.KFHPWClaims.com.

Thank you very much,

KFHPW Settlement Claims Administrator