



\*400541459999999994\*

**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 Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address:

City:	State:	ZIP Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number:

 -  - 

Email Address:

I am deaf/Deaf	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am deaf-blind	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am hard of hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<input type="checkbox"/> Mail
<input type="checkbox"/> Email
<input type="checkbox"/> Telephone

