

CONFIDENTIAL ENHANCEMENT CLAIM FORM

STEWART, ET. AL., v KAISER FOUNDATION HEALTH PLAN, INC., KAISER FOUNDATION HOSPITALS, THE PERMANENTE MEDICAL GROUP, INC., and SOUTHERN CALIFORNIA MEDICAL GROUP

IMPORTANT: You are receiving this Enhancement Claim Form because the records of Kaiser Foundation Health Plan, Inc. (“KFHP”), Kaiser Foundation Hospitals (“KFH”), The Permanente Medical Group, Inc. (“TPMG”), and/or Southern California Medical Group (“SCPMG”) (collectively, “Kaiser-Related Entities”), which are Defendants in the above-referenced action, indicate that you are a member of the Settlement Class as those terms are defined in the Notice you received along with this Enhancement Claim Form. This is not a lawsuit against you. You will be eligible to receive a recovery under this Settlement even if you do not return this form. However, if you believe you were denied a promotion based on your race, you may be entitled to an enhanced settlement allocation, if you submit this form. Please read this form carefully and return it if you wish to receive an enhancement on your settlement recovery.

Your Enhancement Claim Form must be returned via ONLINE submission, at [www. ____](http://www.____), or POSTMARKED by no later than [DATE] to be considered. Enclosed is a self-addressed envelope for returning the Enhancement Claim Form by mail.

ENHANCEMENT CLAIM FORM INSTRUCTIONS

1. You will be eligible to automatically receive an Individual Settlement Award based on the formula described in the accompanying Notice and do not need to submit this form to receive that payment. However, you may be eligible to receive an *additional monetary award* (“enhancement”) if you believe you were denied a promotion based on your race at any point between January 1, 2015, and March 31, 2021.
2. In order to receive an enhanced settlement award, you must return this Enhancement Claim Form postmarked or emailed by [DATE] to:

Mail: [ADMINISTRATOR ADDRESS]

or

Email: [email address]

NEED ASSISTANCE? If you need assistance completing your Enhancement Claim Form, you can get free help by contacting Class Counsel: Medina Orthwein LLP, Tel: (510) 823-2040, Email: [REDACTED], or Lief Cabraser Heimann & Bernstein LLP, Tel: (415) 956-1000, Email: [REDACTED]

ENHANCEMENT CLAIM REQUEST (to be completed by you)

A. PERSONAL INFORMATION (Required)

Name (First, Middle, Last)

Street Address

Apartment Number

City

State

Zip Code

Social Security Number

Please list any other name you used while employed at any Kaiser-Related Entities and the dates when you used each name:

Name

Date Range

Name

Date Range

Best phone number and time to reach you: _____

Check the following box to confirm that you are Black/African American:

B. PROMOTION INFORMATION (Required)

Do you believe that you were denied or dissuaded from applying for a promotion to a KFH, KFHP, TPMG and/or SCPMG job based on your race between January 1, 2015 and March 31, 2021?

Yes

No

C. SIGNATURE AND DECLARATION OF CLASS MEMBER (Required)

I, _____, declare under penalty of perjury that the information and facts I have stated in this Enhancement Claim Form are true and accurate to the best of my knowledge.

Date: _____

Signature of Class Member