

KINKEAD V. HUMANA WAGE AND HOUR LITIGATION

CHANGE OF INFORMATION FORM

IF YOU RECEIVED AN INDIVIDUALIZED NOTICE ADDRESSED TO YOU AND YOUR ADDRESS IS CORRECT ON THE NOTICE, YOU DO NOT NEED TO FILL OUT THIS FORM

IF THE ADDRESS ON THE NOTICE IS INCORRECT OR IF THE PERSON TO WHOM THE NOTICE IS ADDRESSED HAS DIED, YOU SHOULD FILL OUT THIS FORM TO RECEIVE SETTLEMENT BENEFITS.

General Instructions

1. If your mailing address is different than the address listed on the Notice you should complete and mail, email, or fax this “Change of Information Form” postmarked on or before July 28, 2021. If you do not send back your Change of Information Form, payment could be delayed or sent to the wrong address.
2. Final approval of the Settlement by the Court may take a significant period of time, as explained in the Notice. If you move after you receive the Notice, you should fill out this “Change of Information Form” within 14 days after moving to ensure you receive your Settlement Award.
3. If the person to whom the Notice was directed has died and if you are the spouse, or estate representative, you should complete and mail this “Change of Information Form” postmarked on or before July 28, 2021. You may be asked to submit additional documentation.
4. Please make sure the information on this Change of Information Form is legible. We may need to contact you if we need additional information.
5. Your completed Change of Information Form and documentation if required should be mailed, emailed, or faxed to:

Kinkead v. Humana Claims Administrator
Post Office Box 10269
Tallahassee, FL 32302-2269
Facsimile: (850) 385-6008
Email: claims@ssiclaims.com

6. You can also update your address on the Settlement Website www.HHWsettlement.com.
7. Please check below to indicate the change you are reporting on this Form:

_____ Change of mailing address (complete Section A only)

_____ Death of Class member or surviving spouse (complete Section A and Section B)

SECTION A

Everyone who submits this Change of Information Form must complete this Section A, noting any changes below.

If you are the surviving spouse, or estate representative of the person to whom Notice was directed, you must also complete Section B.

Your Name: _____

Last 4 digits of your Social Security Number: _____

Your telephone number(s):

Home: (_____) _____

Cell: (_____) _____

Work: (_____) _____

Your current Email Address: _____

Your current mailing address:

SECTION B

If the person to whom the Notice is directed has died, you must also complete the following additional information.

Name of Person to whom the Class Notice was directed:

Your Relationship to Person to whom the Class Notice was directed:

Date of Birth of Person to whom the Class Notice was directed:

Date of Death of Person to whom the Class Notice was directed:
