

CLAIM FORM INSTRUCTIONS AND INFORMATION

You must complete the other side of this form by **July 28, 2021** to be eligible to receive money from this settlement.

Defendants' records show that you have worked 24-hour or live-in shifts since January 25, 2016.

YOUR Individual Settlement Award will be a minimum of \$[Minimum Allocation] less federal and state tax withholding as required by law.

1. To receive your Individual Settlement Award you must complete and sign the other side of this form and return the completed claim form by mail, email or fax by July 28, 2021 to *Kinkead v. Humana* Claims Administrator, Post Office Box 10269, Tallahassee, FL 32302-2269. You can also use the enclosed postage prepaid envelope to mail the Claim Form.
2. You may also complete, sign, and submit the form online at the Settlement Website www.HHWsettlement.com.
3. Your Claim Form must be postmarked, emailed, submitted electronically or faxed on or before the date above, or it will be rejected.
4. If you mail, email, or fax your completed Claim Form, you will be sent a confirmation notice from the Claims Administrator to ensure that your Claim Form was timely submitted and received. If you do not receive a confirmation notice, you must contact the Claims Administrator to confirm that your Claim Form was received. If you submit the completed Claim Form online at the Settlement Website, you will get an electronic confirmation at the time of submission. It is important that you look for that confirmation.
5. It is your responsibility to keep the Claims Administrator informed of your current address.
6. If you are still employed, submitting your completed Claim Form will not impact your employment with Humana, Humana at Home, Inc., or SeniorBridge Family Companies.

To participate in the settlement, return the completed Claim Form to: *Kinkead v. Humana* Claims Administrator, Post Office Box 10269, Tallahassee, FL 32302-2269. Facsimile: (850) 385-6008, Email: claims@ssiclaims.com

KINKEAD V. HUMANA WAGE AND HOUR LITIGATION CLAIM FORM

Yes, I wish to receive my Individual Settlement Award in this Case.

(Sign your name here)

(Date)

Print Your Name Here

Former Names You Worked Under (if any)

(_____) _____
Area Code Daytime Phone #

(_____) _____
Area Code Cell Phone #

Email address

Address where you want your check mailed

YOU MUST COMPLETE AND SUBMIT THIS FORM TO THE KINKEAD V. HUMANA CLAIMS ADMINISTRATOR OR COMPLETE THE FORM ELECTRONICALLY AT WWW.HHWSETTLEMENT.COM BY JULY 28, 2021 TO RECEIVE YOUR INDIVIDUAL SETTLEMENT AWARD

Questions? Contact *Kinkead v. Humana* Claims Administrator, Post Office Box 10269, Tallahassee, FL 32302-2269,
Email: claims@ssiclaims.com, Facsimile: (850) 385-6008, Toll-Free: (855) 948-1762

Mailed: **mailid**