

Must Be Postmarked
No Later Than
May 20, 2016

HYR



Bonita Regina et al. v. Hycare, Inc. et al.

SUPERIOR COURT FOR
THE STATE OF CALIFORNIA
COUNTY OF ALAMEDA

Case No. RG12647573

Claim Form

First Name

M.I.

Last Name

Primary Address

Continuation of Primary Address

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

The Court has entered the Preliminary Approval Order in the class action lawsuit entitled Bonita Regina et al. v. Hycare, Inc. et al., case number RG12647573, in the Superior Court for the State of California, County of Alameda. If you are a Current Resident you do not need to complete this form. If you are a Former Resident or are claiming on behalf of a Former Resident as a successor to a resident, you must complete this Claim Form to be eligible to receive cash benefits under the Settlement Agreement. You must also sign this Claim Form where indicated and mail it to the address listed below no later than **May 20, 2016**. Claim Forms that are postmarked after that date will not be accepted.

1. Representative(s) of Settlement Class Member: If you are submitting this Claim Form on behalf of a resident or Former Resident of a named facility), please complete the following:

Name(s), Address, Phone Number(s) and Representative Capacity(ies) of Claimant(s), if other than Class Member:

A. First Name

M.I.

Last Name

Representative Capacity

Primary Address

City

State

Zip Code

Area Code

Telephone Number (Daytime)

Area Code

Telephone Number (Evening)



FOR CLAIMS PROCESSING ONLY	OR	<input type="text"/>	CB	<input type="text"/>	<input type="radio"/> DOC	<input type="radio"/> RED
					<input type="radio"/> LC	<input type="radio"/> A
					<input type="radio"/> REV	<input type="radio"/> B

B. First Name M.I. Last Name

Representative Capacity

Primary Address

City State Zip Code

Area Code Telephone Number (Daytime) Area Code Telephone Number (Evening)

C. First Name M.I. Last Name

Representative Capacity

Primary Address

City State Zip Code

Area Code Telephone Number (Daytime) Area Code Telephone Number (Evening)

If there are more than three (3) Representatives of Settlement Class Members, a separate sheet of paper may be attached.

In addition, if you are submitting this Claim Form on behalf of a Settlement Class Member who is deceased, you must complete the enclosed Declaration and submit it with this Claim Form. You can go to the website at www.HycareFacilitiesSettlement.com to help you with the Declaration. If you do not have access to the website to get information regarding your Successor-In-Interest claim, call the Administrator at 1-877-255-2662.

2. Certification:

I/we hereby certify that I have read the Notice of Proposed Class Action Settlement. I/we hereby certify that I or the Settlement Class Member, as the case may be, was a resident at one or more of the Skilled Nursing Facilities listed in the Notice of Proposed Class action Settlement during the Class Period.

I/we hereby certify that the statements and information set forth above are true and correct.

Signature: _____ Dated: _____
 Signature: _____ Dated: _____
 Signature: _____ Dated: _____

3. Mail Claim Form:

Mail your completed Claim Form and, if applicable, the Declaration and a copy of the deceased Settlement Class Member's death certificate, using the self-addressed, postage prepaid envelope that is enclosed, to the following address:

Regina v. Hycare, Inc. Settlement
 c/o Gilardi & Co. LLC
 P.O. Box 30203
 College Station, TX 77842-9915

NOTE: CLAIM FORMS AND ALL OTHER APPLICABLE FORMS AND ENCLOSURES MUST BE POSTMARKED NO LATER THAN MAY 20, 2016.

IF YOU MOVE OR CHANGE YOUR MAILING ADDRESS, IT IS YOUR RESPONSIBILITY TO SEND THE SETTLEMENT ADMINISTRATOR YOUR NEW ADDRESS AND CONTACT INFORMATION TO ENSURE RECEIPT OF FURTHER NOTICES AND ANY SETTLEMENT PAYMENT.

