***Saephan v. Aspen Skilled Healthcare, et al.*, Orange County Superior Court Case No. 30-2024-01394825-CU-NP-CXC, *Miller, et al., v. ASMB, LLC, et al.*, Orange County Superior Court Case No. 30-2024-01439749-CU-NP-CXC**
c/o, CPT Group Inc., the administrator.

CLAIM FORM

The Court has entered the Preliminary Approval Order in the class action lawsuits entitled *Miller, et al., v. ASMB, LLC, et al.*, Orange County Superior Court Case No. 30-2024-01439749-CU-NP-CXC and *Saephan v. Aspen Skilled Healthcare, et al.*, Orange County Superior Court Case No. 30-2024-01394825-CU-NP-CXC, in Orange County Superior Court. **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. It must be postmarked no later than December 17, 2025. Claim Forms that are postmarked after that date will not be accepted.

1. **Settlement Class Member:** If you are a former resident of a facility named in the Notice, please provide the information below.

Address City State Zip Code

Daytime Telephone Number Evening Telephone Number

Social Security Number or Tax Identification Number

2. **Representative(s) of Settlement Class Member:** If you are submitting this Claim Form **on behalf of a former or deceased resident,** please complete the following:

Name(s), Address, Phone Number(s) and Representative Capacity(ies) of Claimant(s), if other than Class Member:
(1)

Name Representative Capacity

Address City State Zip Code

Daytime Telephone Number Evening Telephone Number

Social Security Number or Tax Identification Number (Optional)
(2)

Name Representative Capacity

Address City State Zip Code

Daytime Telephone Number Evening Telephone Number

Social Security Number or Tax Identification Number (Optional)

**If there are more than two (2) 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 former resident who is now deceased, you must complete the enclosed Declaration and submit it with this Claim Form. You can go to the website at www.cptgroupcaseinfo.com/AspenSettlement 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 1-888-267-0239.

3. **Certification:**

I/we hereby certify under penalty of perjury that I have read the Notice of Proposed Class Action Settlement. I/we hereby certify under penalty of perjury 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 under penalty of perjury that the statements and information set forth above are true and correct.

Dated:_____ Signed:_____

Dated:_____ Signed:_____

Dated:_____ Signed:_____

4. **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:

Saephan v. Aspen Skilled Healthcare
Miller v. ASMB, LLC
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

NOTE: CLAIM FORM AND ALL OTHER APPLICABLE FORMS AND ENCLOSURES MUST BE POSTMARKED NO LATER THAN DECEMBER 17, 2025.

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

[Declaration Under Probate Code]