

CLASS MEMBER IDENTIFICATION FORM

Superior Court of The State of California, County of Los Angeles

Danelian v. Medix Staffing Solutions, Inc., City of Hope National Medical Center, City of Hope

Case No. BC649846

This is the information that we have for you and where your settlement check will be mailed to you:

«EmployeeName»
 «Address1» «Address2»
 «City», «State» «Zip»

If any of this information is inaccurate or incomplete, please provide the correct information below and return it to the Administrator: *(Please Type or Print)*

 Class Member's Name (First, Middle, Last)

 Class Member's Name Used While Employed by Medix
[if different from current name - First, Middle, Last]

 Street Address

 City

 State

 Zip Code

 Foreign Province

 Foreign Country

 Social Security No.

Telephone Number: () - _____

Information Provided by Class Member

Complete the following section **only if** you believe that the information set forth in Section 10 of the Notice is **not** accurate. If you return this form to the Settlement Administrator, you must also send any documentation you have that supports or relates to the information that you provide below. Please do *not* include any time periods before February 8, 2013.

Information for dates I worked at Medix at City of Hope between February 8, 2013 and the earlier of July 1, 2018 or the date of preliminary approval of the settlement by the Court are as follows:

Date began working for Medix
 at City of Hope (approx. if
 unsure)

Date stopped working for Medix at
 City of Hope (approx. if
 unsure)

 Month

 Day

 Year

 Month

 Day

 Year

Questions? Call 1-888-636-3998 Toll Free

It is your responsibility to keep a current address on file with the Claims Administrator to ensure receipt of your settlement claim payment.

This document must be postmarked no later than November 12, 2019 and it must be sent, via regular U.S. mail, or the equivalent, to:

*Danelian v. Medix Staffing Solutions Inc.,
City of Hope National Medical Center, City of Hope
c/o Settlement Administrator
CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Telephone: 1-888-636-3998*