

CLAIM FORM

If you are or were a Product Specialist, Business Application Coordinator ("BAC"), or Site Support Specialist for Kaiser Foundation Health Plan, Inc. ("Kaiser") in the State of California during the period from October 4, 2003 to October 6, 2008 (or are a representative, assign, heir, executor, administrator, custodian, predecessor or successor in interest to any such employee) you may be eligible to participate in the Settlement of the above class action, Donna Louie v. Kaiser Foundation Health Plan, Inc., U.S. District Court for the Southern District of California Case No. 08 CV 0795 IEG RBB.

CPT ID #
[First Name, Last Name]
[Address]
[City, State Zip]

Please fill in change of address below:

(____) _____ - _____
Daytime Telephone Number

Pursuant to the Order of the Court, dated October 6, 2008, in order to receive payments resulting from the Settlement, you must complete and sign this Claim Form and return it by prepaid mail, postmarked no later than December 10, 2008, or, if delivered by any other means than be postage pre-paid U.S. first class mail, delivered by no later than December 10, 2008, to the following address:

Louie v. KFHP Class Action
CPT GROUP INC.
16630 Aston
Irvine, CA 92606
Phone: 877-589-1586

If you fail to submit your Claim Form by that date, your claim will be rejected and you will not receive any money in connection with the Settlement (although you will be bound by the other provisions of the Settlement Agreement approved by the Court). A Claim Form will be deemed submitted when postmarked by no later than December 10, 2008, if sent by postage pre-paid U.S. first class mail; if delivered by any other means, the Claim Form will be deemed submitted when actually received by the Settlement Administrator at the above address by no later than December 10, 2008.

Kaiser's records show that you worked for Kaiser as a Product Specialist, Business Application Coordinator or Site Support Specialist in the state of California during the period from October 4, 2003 to October 6, 2008 (the "Claim Period"), for the number of workweeks shown below (workweeks being equal to the number of payroll work hours you have in Kaiser's payroll system during the class period, divided by 40):

Workweeks as BAC or Product Specialist (Per Kaiser's Records): _____
Workweeks as Site Support Specialist (Per Kaiser's Records): _____

NOTE: *If you believe that Kaiser's workweek totals for you are incorrect, you may put in what you believe are the correct workweek counts below. However, in the event you wish to contest the dates that are listed above, you should be able to demonstrate at a hearing that the dates listed above, which are taken from Kaiser's records, are incorrect and you should include and/or attach hereto documents or other convincing evidence indicating that the above workweek totals are incorrect.*

Please make any necessary corrections below:

Corrected Workweeks as BAC or Product Specialist: _____
Corrected Workweeks as Site Support Specialist: _____

Taxpayer Identification Number Certification - Substitute IRS Form W-9

Enter your Social Security Number (SSN): _____ - _____ - _____

Print name as shown on your income tax return if different from «Payee»: _____

Under penalty of perjury, I certify that:

1. The tax payer identification number shown on this form is my correct taxpayer identification number, and
2. I am a U.S. person (including a U.S. resident alien). Please check one: YES NO

Print Legal Name: _____

It is my understanding that only the workweeks that I worked for Kaiser in California as a Product Specialist, BAC, or Site Support Specialist during the period from October 4, 2003 to October 6, 2008, are listed above. I understand that the information and any corrections I submit is/are subject to verification.

I have read, understand and agree to the release of claims as described in the Notice. I have not assigned, pledged or otherwise transferred to any other person or entity my interest in any of the released claims.

If I am the executor and/or, heir of a Class Member or a representative of a Class Member, I have provided details about the capacity in which I am submitting this Claim Form on separate sheets attached.

I declare, under penalty of perjury, that the information set forth above or as corrected is true and correct to best of my knowledge.

Dated: _____

(Signature)

(Printed Name)