

The Honorable Robert S. Lasnik

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

ANDREA SCHMITT; ELIZABETH
MOHUNDRO; AND O.L. by and through
her parents, J.L. and K.L., each on their own
behalf, and on behalf of all similarly
situated individuals,

Plaintiffs,

v.

KAISER FOUNDATION HEALTH PLAN
OF WASHINGTON; KAISER
FOUNDATION HEALTH PLAN OF
WASHINGTON OPTIONS, INC.; KAISER
FOUNDATION HEALTH PLAN OF THE
NORTHWEST; and KAISER
FOUNDATION HEALTH PLAN, INC.,

Defendants.

NO. 2:17-cv-a611-RSL

DECLARATION OF ELIZABETH ENLUND
REGARDING IMPLEMENTATION OF
NOTICE

**DECLARATION OF ELIZABETH ENLUND REGARDING
IMPLEMENTATION OF NOTICE**

I, Elizabeth Enlund, hereby declare and state as follows:

1. I am a Senior Settlement Project Manager employed by Epiq Class Action & Claims Solutions, Inc. (“Epiq”). I am a certified Project Management Professional (PMP)[®] and hold a Bachelor of Science degree from Portland State University. Prior to joining Epiq in 2019, I managed a variety of complex projects in highly regulated environments through the government

1 and private sectors. The statements of fact in this declaration are based on my personal knowledge
2 and information provided to me by my colleagues in the ordinary course of business, and if called
3 on to do so, I could and would testify competently thereto.
4

5 2. Epiq was appointed as the Notice and Claims Processor pursuant to the Court's
6 Amended Order: (1) Preliminarily Approving Settlement Agreement; (2) Approving Class Notice
7 Package; and (3) Establishing a Final Settlement Approval Hearing and Process (the "Order")
8 dated December 13, 2023, and in accordance with the Agreement to Settle Claims dated December
9 6, 2023, (the "Agreement").¹ I submit this Declaration in order to advise the Parties and the Court
10 regarding the implementation of the Court-approved class notice procedures, and to report on
11 Epiq's handling to date of the Settlement administration, in accordance with the Order and the
12 Agreement.

13 3. Epiq was established in 1968 as a client services and data processing company.
14 Epiq has administered bankruptcies since 1985 and settlements since 1993. Epiq has routinely
15 developed and executed notice programs and administrations in a wide variety of mass action
16 contexts including settlements of consumer, antitrust, products liability, and labor and employment
17 class actions, settlements of mass tort litigation, Securities and Exchange Commission
18 enforcement actions, Federal Trade Commission disgorgement actions, insurance disputes,
19 bankruptcies, and other major litigation. Epiq has administered more than 4,500 settlements,
20 including some of the largest and most complex cases ever settled. Epiq's class action case
21 administration services include administering notice requirements, designing direct-mail notices,
22 implementing notice fulfillment services, coordinating with the United States Postal Service
23 ("USPS"), developing and maintaining notice websites and dedicated telephone numbers with
24 recorded information and/or live operators, processing exclusion requests, objections, claim forms
25 and correspondence, maintaining class member databases, adjudicating claims, managing
26 settlement funds, and calculating claim payments and distributions. As an experienced neutral

27 ¹ All capitalized terms not otherwise defined in this document shall have the same meanings ascribed to them in the Agreement.

1 third-party administrator working with settling parties, courts, and mass action participants, Epiq
2 has handled hundreds of millions of notices, disseminated hundreds of millions of emails, handled
3 millions of phone calls, processed tens of millions of claims, and distributed hundreds of billions
4 in payments.

5 **OVERVIEW OF ADMINISTRATION**

6 4. Pursuant to the Agreement and Order, Epiq was appointed to provide the following
7 administrative services for the benefit of Settlement Class Members, as they are defined in the
8 Agreement:

- 9
- 10 • Disseminate Settlement Class Notices by email and postal mail pursuant to the notice plan
11 as provided in the Order and Agreement.
 - 12 ○ Email a Settlement Class Notice to Settlement Class Notice Recipients for whom
13 Defendant has supplied Epiq an email address;
 - 14 ○ Mail Settlement Class Notice in the form of a short-form postcard to Settlement
15 Class Notice Recipients for whom Defendant has not provided Epiq an email
16 address but has provided a valid mailing address, or whom Epiq has attempted to
17 send Settlement Class Notice by email, but it was returned as undeliverable;
 - 18 ○ Mail and Email Settlement Class Notices to Settlement Class Notice Recipients
19 who previously made a claim for Hearing Aid(s) and Associated Services during
20 the Class Period;
 - 21 • As appropriate, mail a Reminder Notice to all Class Recipients who previously made a
22 claim for Hearing Aid(s) and Associated Services and who have yet to file a claim for the
23 settlement as of March 11, 2024;
 - 24 • Establish and maintain an official settlement webpage containing information about the
25 settlement and eligibility to file a claim;
 - 26 • Establish and maintain an official toll-free number and TTY number that Settlement
27 Class Notice Recipients may contact for additional information about the Settlement;

- 1 • Establish and maintain a mailing address for receiving inquiries from the Settlement
- 2 Class or written requests for exclusion (“Opt Outs”) from the Settlement;
- 3 • Review and track objections sent to or received by Epiq;
- 4 • Receive, process, track, and report on claim forms sent to or received by Epiq;
- 5 • As appropriate, mail deficiency letters, and track responses thereto;

6
7 **DATA TRANSFER**

8 5. On January 22, 2024, Defendant provided Epiq with three electronic files
9 containing potential Settlement Class Member records. One file contained 1,035,919 rows of
10 names, addresses, email addresses, phone numbers, consumer numbers, subscriber numbers, and
11 identification if a Settlement Notice Recipient was a subscriber any time during the Settlement
12 Class Period, or if Settlement Class Notice Recipients is currently a subscriber (“Class Data”).
13 Section 2.2.3.1 of the Agreement provides: “Notice to a current or former subscriber shall be
14 deemed notice to each Settlement Class Notice Recipient who was covered by Defendants through
15 that subscriber.” Of the 1,035,919 rows present on the spreadsheet, 735,208 were identified by
16 Defendant to be a subscriber during the class period.

17 6. The remaining two electronic files contained claims data identifying a sub-
18 population Class Notice Recipients who previously made a claim for Hearing Aid(s) and
19 Associated Services during the class period. The two files contained 1,323 rows of claims data for
20 586 Settlement Class Notice Recipients. In addition to the Class Data, the claims data provided
21 individual transactions pertaining to Hearing Aid(s) and Associated Services for Settlement Class
22 Notice Recipients who previously submitted an insurance claim (“Claims Data”).

23 7. On February 16, 2024, Defendant provided contact information for 6 individuals
24 who were present in the Claims Data but did not have corresponding contact information in the
25 Class Data. The total number of unique Settlement Class Notice Recipients increased to 1,035,925.

1 8. Epiq loaded the information provided by Defendant into a database created for the
2 purpose of administration of the Settlement. Epiq assigned unique identifiers to all the records it
3 received to maintain the ability to track them throughout the Settlement administration process.

4 **DISSEMINATION OF SETTLEMENT CLASS NOTICE VIA EMAIL**

5 9. Pursuant to 2.2.3.1 of the Agreement and Paragraph 5 of the Order, Epiq was to
6 cause the Court-approved Settlement Class Notice to be formatted for electronic distribution by
7 email to Settlement Class Notice Recipients for whom an email address was included in the Class
8 Data. Attached hereto as **Attachment 1** is a template of the Settlement Class Notice Email that
9 Epiq electronically disseminated to Settlement Class Notice Recipients for whom an email address
10 was provided in the Class Data and were not identified in the Claims Data (“General Email
11 Notice”).

12 10. Pursuant to Section 6.5.1.2 (b) of the Agreement, the sub-population of Class
13 Notice Recipients who previously made a claim for Hearing Aid(s) and Associated Services
14 identified in the Claims Data were not required to resubmit documentation but to verify the out-
15 of-pocket expenses actually incurred. As such, **Attachment 2** is a template of the Settlement Class
16 Notice Email which contains additional information for how to access the webpage to file a claim
17 without additional documentation, provide documentation for additional transactions, or return the
18 populated form which was sent by mail to eligible Settlement Class Notice Recipients (“Sub-
19 population Email Notice”).

20 11. The General Email Notice and Sub-population Email Notice (“Email Notices”)
21 contained substantial, albeit easy to read, information that made potential Class Members aware
22 of their rights under the Settlement and provided instructions on how to obtain more information
23 or file a claim by visiting the settlement webpage. The Email Notices, which were formatted for
24 distribution using imbedded html text, provided Settlement Class Notice Recipients with a link to
25 the settlement webpage. The Email Notices were formatted with easy to read text without
26 graphics, tables, images and other elements that would increase the likelihood that the message
27 could be blocked by Internet Service Providers and/or SPAM filters. The Email Notices were also

1 transmitted with a digital signature to the header and content of the Email Notices, which allowed
2 ISPs (“Internet Service Providers” to programmatically authenticate that the Email Notices were
3 from authorized mail servers. Epiq also followed standard email protocols, including utilizing
4 “unsubscribe” links and Epiq’s contact information in the Email Notices.

5 12. Before sending the General Email Notice, Epiq received 651,780 potential
6 Settlement Class Notice Recipients with at least one email address supplied in the Class Data,
7 including duplicates. Epiq attempted to verify whether the email addresses in the Notice Recipient
8 List still existed and were valid. Upon completing the validation process with the various ISPs,
9 Epiq confirmed that 651,690 individuals with at least one email address in the Class Data had one
10 or more potentially valid email address(es) and 666 email addresses in the Class Data were invalid
11 or no longer existed.

12 13. After combining records with duplicate emails, Epiq sent the General Email Notice
13 to the 633,593 unique email addresses on February 21, 2024. Each Email Notice was transmitted
14 with a unique message identifier. If the receiving e-mail server could not deliver the message, a
15 “bounce code” was returned along with the unique message identifier.

16 14. Epiq closely monitored all deliverability attempts of the Email Notice throughout
17 the Email Notice campaigns. A total of 358,207 General Email Notices were delivered. Of the
18 274,836 General Email Notices that could not be delivered, 23,816 of them were undeliverable
19 because the email address no longer existed, the email account was closed, or the email address
20 had a bad domain name or address error (collectively, "Hard Bouncebacks"). After three attempts,
21 the remaining 251,020 General Email Notices could not be delivered due to an inactive or disabled
22 account, the recipient's mailbox was full, technical auto-replies, or the recipient server was busy
23 or unable to deliver (collectively, "Soft Bouncebacks"). Ultimately, Epiq was able to deliver direct
24 General Email Notice to 56.54% of the email addresses provided in the Class Data. Between
25 February 27-28, 2024, Epiq resent 251,015 Notices to those email addresses that were previously
26 identified as a Soft Bounceback. 40,940 of the reattempted emails were delivered, resulting in
27 63.00% notice to the email addresses provided in the Class Data.

1 15. There are 416 individuals with one or more potentially valid email address for
2 Settlement Class Notice Recipients that were present in the Claims Data and eligible for a Sub-
3 population Email Notice. Epiq sent Sub-population Email Notices to the 450 potentially valid,
4 non-duplicate email addresses on February 21, 2024. Several individuals had multiple email
5 addresses, resulting in the additional emails sent. Epiq sent the Sub-population Email Notice to
6 the potentially valid email addresses on February 21, 2024. A total of 353 Sub-population Email
7 Notices were delivered. Of the 97 that could not be delivered, 17 were Hard Bouncebacks and 80
8 were Soft Bouncebacks. Ultimately, Epiq was able to deliver direct Sub-population Email Notice
9 to 78.44% of the email addresses provided in the Class Data for eligible Class Notice Recipients
10 present in the Claims Data.

11 16. Pursuant to 2.2.3 of the Agreement and Paragraph 7 of the Order, commencing on March 8, 2024,
12 Epiq will send the Postcard Notice to each of the 221,362 email addresses that “bounced” back as
13 undeliverable in the General Email Notice effort and has a valid physical mailing address on file.

14 **DISSEMINATION OF SETTLEMENT CLASS NOTICE BY POSTAL MAIL**

15 17. Pursuant to 2.2.3 of the Agreement and Paragraph 7 of the Order, Epiq was
16 responsible for sending Settlement Class Notice by mail to all Settlement Class Notice Recipients
17 for whom Defendant did not supply an e-mail address. Attached hereto as **Attachment 3** (which
18 was sent to Settlement Class Notice Recipients with up to six members) and **Attachment 4** (which
19 was sent to Settlement Class Notice Recipients of six or more members) is the Settlement Class
20 Notice templates that Epiq disseminated by mail (“Postcard Notice”). Additionally, pursuant to
21 Paragraph 6 of the Order, Settlement Class Notice Recipients identified in the Claims Data were
22 to be sent a pre-populated claim package with instructions on how to perfect a claim – **Attachment**
23 **5** includes a template for the pre-populated claim package (“Pre-populated Notice”)

24 18. Prior to mailing the Mail Notice and Sub-population Mail Notice (“Mail Notices”)
25 to the Settlement Class Notice Recipients for whom Defendant did not supply an email address,
26 all mailing addresses were checked against the National Change of Address (“NCOA”) database
27

1 maintained by the United States Postal Service (“USPS”).² In addition, the addresses were
2 processed via the Coding Accuracy Support System (“CASS”) to ensure the quality of the zip
3 code, and verified through Delivery Point Validation (“DPV”) to verify the accuracy of the
4 addresses. To the extent that any Settlement Class Notice Recipients had filed a USPS change of
5 address request, and the address was certified and verified, the current address listed in the NCOA
6 database was used in connection with the Mail Notices. This address updating process is standard
7 for the industry and for the majority of promotional mailings that occur today. A total of 130,090
8 records in the Class Data sent through the USPS NCOA, CASS, and DPV process were updated
9 with new addresses.

10 19. Prior to commencing any mailings for this matter, Epiq established a dedicated post
11 office box to mail notice from and to allow Settlement Class Notice Recipients to contact the
12 Notice and Claims Processor or submit documents by mail. Epiq has and will continue to maintain
13 the P.O. Box throughout the administration process.

14 20. On February 21, 2024, Epiq mailed 237,748 Postcard Notices via First Class USPS
15 Mail to Settlement Class Notice Recipients on the Class Data with a valid mailing address and 586
16 Pre-populated Notice to eligible Settlement Class Notice Recipients on the Claims Data with a
17 valid mailing address.

18 21. In addition, a Claim Package (consisting of a long-form notice and claim form) has
19 been mailed via First Class U.S. Mail to all persons who submitted a request for one. As of March
20 6, 2024, 12 Claim Packages have been mailed as a result of such requests.

21 22. The return address on the Mail Notices is the post office box maintained by Epiq.
22 Any Mail Notices that are reported by USPS as undeliverable with forwarding address information
23 will be promptly re-mailed to the forwarding address. Epiq will continue to send postal forward
24 Mail Notices every week as updated addresses are located through April 4, 2024.

25
26 ² The NCOA database contains records of all permanent change of address submissions received by the USPS for the last four
27 years. The USPS makes this data available to mailing firms and lists submitted to it are automatically updated with any reported
28 move based on a comparison with the person’s name and last known address.

1 23. Any Mail Notices which are returned to Epiq without forwarding address
2 information will be sent for a skip trace search using a third-party lookup service. For records that
3 return an updated address, Mail Notices will be re-mailed to the updated address. Address
4 updating and re-mailing for undeliverable Notices is ongoing and will continue every week as
5 update addresses are located through April 4, 2024.

6 24. On March 18, 2024, Epiq will mail reminder Pre-populated Notices via First Class
7 U.S. Mail to all eligible Settlement Class Notice Recipients on the Claims Data who have not filed
8 a claim and for which the Class Notice was not returned as undeliverable as of March 11, 2024.
9 A copy of the Reminder Notice is included as **Attachment 6**.

10 **WEBPAGE**

11 25. Pursuant to 2.2.3.2 of the Agreement and Paragraph 9 of the Order, on January 12,
12 2024, Epiq launched a webpage, www.KPHearingAidSettlement.com, that potential Settlement
13 Class Members could visit to obtain additional information about the Settlement, as well as
14 important documents, including the long-form notice, Settlement Agreement, Preliminary
15 Approval Order, and any other relevant information that the parties agree to provide or that the
16 Court may require (“Webpage”). The Webpage contains a summary of options available to
17 Settlement Class Notice Recipients, deadlines to act, and provides answers to frequently asked
18 questions. On February 20, 2024, Epiq launched a dynamic module on the Webpage where
19 potential Settlement Class Members are also able to file a claim via the Webpage, or download
20 paper claim forms, which they could then file by mail. References to the Webpage were
21 prominently displayed in the Settlement Class Notices and long-form notice.

22 26. As of March 6, 2024, the Webpage has been visited by 5,402 unique visitors and
23 10,480 individual webpages have been viewed. Epiq has maintained and will continue to maintain
24 and update the Webpage throughout the administration of the proposed Settlement.

25 **TOLL-FREE INFORMATION LINE**

26 27. Pursuant to 2.2.2 of the Agreement, on February 20, 2024, Epiq established and is
27 maintaining a toll-free interactive Voice Response Unit (“VRU”) telephone number to provide

1 information and accommodate inquiries from Settlement Class Notice Recipients. Callers hear an
2 introductory message and then are provided with scripted information about the Settlement in the
3 form of recorded answers to frequently asked questions. Callers also have the options of requesting
4 a Claim Package (which includes a long-form notice and claim form) by mail, leaving a voicemail
5 for a call center representative to call them back, or speaking to a live operator during normal
6 business hours. The toll-free number was included in the Settlement Class Notice sent to
7 Settlement Class Notice Recipients and the automated telephone system is available 24 hours per
8 day, 7 days per week.

9 28. As of March 6, 2024, the toll-free number has received 330 calls representing 2,035
10 total minutes, and call center representatives have handled 181 inbound calls representing 1,463.52
11 minutes of use and 5 outbound call representing 22.15 minutes of use. Epiq has and will continue
12 to maintain and update the VRU throughout the Settlement administration process.

13 29. Epiq also maintains a TeleTYpe (TTY) Line for Settlement Class Notice Recipients
14 to access using dedicated TTY hardware or accessibility technology. Live operators are available
15 during normal business hours to assist Settlement Class Notice Recipients with inquiries. As of
16 March 6, 2024, the TTY Line has received 0 calls.

17 **EMAIL INBOX**

18 30. Epiq established and maintains an email inbox,
19 info@KPHearingAidSettlement.com for Settlement Class Notice Recipients to ask questions
20 regarding the Settlement. As of March 6, 2024, Epiq has received and responded to a total of 126
21 incoming emails. Epiq will continue to maintain this inbox throughout the Settlement
22 administration.

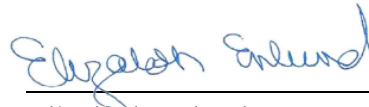
23 **REQUESTS FOR EXCLUSION**

24 31. Settlement Class Members who wish to be excluded from the Settlement are
25 required to mail a written requests for exclusion to Epiq no later than the request for exclusion
26 deadline of April 4, 2024. As of March 6, 2024, Epiq is not aware of or nor has received any
27 timely written requests for exclusion from the Settlement.

OBJECTIONS RECEIVED

32. Pursuant to Paragraph 13 of the Order, Settlement Class Members who wish to object to the Settlement are required to submit written objections to the Court no later than the objection deadline of April 4, 2024. As of March 6, 2024, Epiq is not aware of nor has received any timely written objections to the Settlement.

I declare under penalty of perjury under the laws of the United States and the State of Washington that the foregoing is true and correct and that this declaration was executed on March 7, 2024, in Tucson, Arizona.



Elizabeth Enlund, PMP
Senior Project Manager
Epiq Class Action & Claims Solutions, Inc. (“Epiq”)

Attachment 1

From: Schmitt v. Kaiser Foundation Health Plan of Washington, et al. <noreply@kphearingaidsettlement.com>

Sent: Thursday, February 15, 2024 1:32 PM

To: [REDACTED]

Subject: Legal Notice of Class Action Settlement

You don't often get email from noreply@kphearingaidsettlement.com. [Learn why this is important](#)

CAUTION: This email originated from outside of Epiq. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report phishing by using the "Phish Alert Report" button above.

Name: [REDACTED]
Uniqueld: [REDACTED]
PIN: [REDACTED]

Name: [REDACTED]
Uniqueld: [REDACTED]
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Name: [REDACTED]
Uniqueld: [REDACTED]
PIN: [REDACTED]

LEGAL NOTICE OF CLASS ACTION SETTLEMENT

*Schmitt, et al. v. Kaiser Foundation Health Plan of Washington, et al.,
United States District Court for Western District of Washington at Seattle,
Cause No. 2:17-cv-1611-RSL*

Did you pay for hearing aids or associated medical services while covered by Kaiser between October 30, 2014, and December 31, 2023? If so, you may have a claim in a class action lawsuit that settled. This Notice describes your rights in that lawsuit and how you can obtain more information, file a claim, or take other action.

A court authorized this notice. This is not a solicitation from a lawyer.

Why Did I Get this Notice? You received this notice because you might be eligible to participate in a \$3 million settlement if you paid for hearing aids or associated medical care while covered under a health insurance plan issued by Kaiser between October 30, 2014, and December 31, 2023. Not all individuals who received this notice are members of the class. You must meet the class definition to be a member of the class. The class definition can be found here: www.KPHearingAidSettlement.com.

What Can I Do Because of This Settlement? If you're part of this group, you can: (1) Ask for money (file a claim) as part of this settlement, (2) Decide not to participate in this case or the settlement (opt-out), (3) Remain in this case but object to the settlement, or (4) Do nothing, which means you will (a) receive no money and (b) give up any claims you have against Kaiser related to the issues in this case.

How do I Learn More About This? You can get more information about the case and your choices at www.KPHearingAidSettlement.com or email info@KPHearingAidSettlement.com.

How Much Money Could I Get? If you are a class member and file an eligible claim, you may be eligible for up to 100% of the costs you paid for hearing aids and associated services from October 30, 2014 through December 31, 2023. Please see www.KPHearingAidSettlement.com for details.

How do I Make a Claim? (1) The best and fastest way is to go online [here](#) and follow the instructions; (2) Or email us at info@KPHearingAidSettlement.com with your name and address; (3) Or call 1-888-339-4196 (Toll-Free), or 1-877-921-3669 (TTY), to obtain more information.

When Do I Need to Do Something? If you want to file a claim you must submit your request online at www.KPHearingAidSettlement.com or by mail on or before **April 4, 2024**.

AJ782_v03

You are subscribed to this email as [REDACTED]
Click here to modify your [preferences](#) or [unsubscribe](#).

Attachment 2

From: Schmitt v. Kaiser Foundation Health Plan of Washington, et al. <noreply@kphearingaidsettlement.com>

Sent: Thursday, February 15, 2024 6:03 PM

To: [REDACTED]

Subject: Legal Notice of Class Action Settlement

You don't often get email from noreply@kphearingaidsettlement.com. [Learn why this is important](#)

CAUTION: This email originated from outside of Epiq. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report phishing by using the "Phish Alert Report" button above.

Name: [REDACTED]
UniqueID: [REDACTED]
PIN: [REDACTED]

LEGAL NOTICE OF CLASS ACTION SETTLEMENT

Schmitt, et al. v. Kaiser Foundation Health Plan of Washington, et al.,
United States District Court for Western District of Washington at Seattle, Cause No. 2:17-cv-1611-RSL

Did you pay for hearing aids or associated medical services while covered by Kaiser between October 30, 2014, and December 31, 2023? If so, you may have a claim in a class action lawsuit that settled. This Notice describes your rights in that lawsuit and how you can obtain more information, file a claim, or take other action.

A court authorized this notice. This is not a solicitation from a lawyer.

You are receiving this prepopulated Claim Form because you were identified as an individual who previously submitted a Claim for Hearing Aid(s) and Associated Services.

1. Submit a Claim for the Prepopulated Amount

No further documentation is required to submit a Claim for the services prepopulated on the web form ([here](#)) or printed on the forms mailed to you. To submit a Claim for these services only, you may submit a claim without additional documentation either:

- 1) Online at www.KPHearingAidSettlement.com, or
- 2) by mailing forms to the Claims Processor at P.O. Box 2479, Portland, OR 97208-2479

When submitting your Claim, please reference the Unique ID provided above.

2. Submit a Claim for the Prepopulated Amount, Plus Additional Hearing Aids or Associated Services

If you would like to add additional transactions that are not prepopulated on the prepopulated forms, documentation is required. Please follow the instructions on the website [here](#), or on the forms mailed to you, for how to add additional transactions and documentation.

For your convenience, please find below a selection of Frequently Asked Questions (FAQs):

Why Did I Get this Notice? You received this notice because you might be eligible to participate in a \$3 million settlement if you paid for hearing aids or associated medical care while covered under a health insurance plan issued by Kaiser between October 30, 2014, and December 31, 2023. Not all individuals who received this notice are members of the class. You must meet the class definition to be a member of the class. The class definition can be found here: www.KPHearingAidSettlement.com.

What Can I Do Because of This Settlement? If you're part of this group, you can: (1) Ask for money (file a claim) as part of this settlement, (2) Decide not to participate in this case or the settlement (opt-out), (3) Remain in this case but object to the settlement, or (4) Do nothing, which means you will (a) receive no money and (b) give up any claims you have against Kaiser related to the issues in this case.

How do I Learn More About This? You can get more information about the case and your choices at www.KPHearingAidSettlement.com or email info@KPHearingAidSettlement.com.

How Much Money Could I Get? If you are a class member and file an eligible claim, you may be eligible for up to 100% of the costs you paid for hearing aids and associated services from October 30, 2014 through December 31, 2023. Please see www.KPHearingAidSettlement.com for details.

How do I Make a Claim? (1) The best and fastest way is to go online [here](#) and follow the instructions; (2) Or email us at info@KPHearingAidSettlement.com with your name and address; (3) Or call 1-888-339-4196 (Toll-Free), or 1-877-921-3669 (TTY), to obtain more information.

When Do I Need to Do Something? If you want to file a claim you must submit your request online at www.KPHearingAidSettlement.com or by mail on or before **April 4, 2024**.

AJ784_v03

You are subscribed to this email as [REDACTED]
Click here to modify your [preferences](#) or [unsubscribe](#).

Attachment 3

Schmitt v. Kaiser Settlement Claims Processing
P.O. Box 2479
Portland, OR 97208-2479

**BARCODE NO
PRINT ZONE**

FIRST CLASS MAIL
U.S. POSTAGE
PAID
Portland, OR
PERMIT NO. 2882

Kaiser Hearing Aid Settlement

<<LoginData1>>

<<LoginData2>>

<<LoginData3>>

<<LoginData4>>

<<LoginData5>>

<<LoginData6>>

<<MAIL ID>>

<<NAME 1>>

<<NAME 2>>

<<ADDRESS LINE 1>>

<<ADDRESS LINE 2>>

<<ADDRESS LINE 3>>

<<ADDRESS LINE 4>>

<<CITY, STATE ZIP>>

<<COUNTRY>>

Barcode No-Print Zone

Did you pay for hearing aids or associated medical services while covered by Kaiser between October 30, 2014, and December 31, 2023? If so, you may have a claim in a class action lawsuit that settled. This card describes your rights in that lawsuit and how you can obtain more information, file a claim, or take other action.

*A court authorized this notice.
This is not a solicitation from a lawyer.*

Why Did I Get this Notice?

You received this notice because you might be eligible to participate in a \$3 million settlement if you paid for hearing aids or associated medical care while covered under a health insurance plan issued by Kaiser between October 30, 2014, and December 31, 2023. Not all individuals who received this notice are members of the class. You must meet the class definition to be a member of the class. The class definition can be found here: www.KPHearingAidSettlement.com.

What Can I Do Because of This Settlement?

If you're part of this group, you can: (1) Ask for money (file a claim) as part of this Settlement, (2) Decide not to participate in this case or the Settlement (opt-out), (3) Remain in this case but object to the Settlement, or (4) Do nothing, which means you will (a) receive no money and (b) give up any claims you have against Kaiser related to the issues in this case.

How do I Learn More About This?

You can get more information about the case and your choices at www.KPHearingAidSettlement.com or email info@KPHearingAidSettlement.com.

How Much Money Could I Get?

If you are a class member and file an eligible claim, you may be eligible for up to 100% of the costs you paid for hearing aids and associated services from October 30, 2014, through December 31, 2023. Please see www.KPHearingAidSettlement.com for details.

How do I Make a Claim?

- (1) The best and fastest way is to go online at www.KPHearingAidSettlement.com and follow the instructions;
- (2) Or email us at info@KPHearingAidSettlement.com with your name and address;
- (3) Or call 1-888-339-4196 (Toll-Free), or 1-877-921-3669 (TTY), to obtain more information.

When Do I Need to Do Something?

If you want to file a claim, you must submit your request online at www.KPHearingAidSettlement.com or by mail on or before **April 4, 2024**.

Attachment 4

Schmitt v. Kaiser Settlement Claims Processing
P.O. Box 2479
Portland, OR 97208-2479

**BARCODE
NO-PRINT
ZONE**

FIRST-CLASS MAIL
U.S. POSTAGE
PAID
Portland, OR
PERMIT NO. 2882

Kaiser Hearing Aid Settlement

Did you pay for hearing aids or associated medical services while covered by Kaiser between October 30, 2014, and December 31, 2023? If so, you may have a claim in a class action lawsuit that settled. This card describes your rights in that lawsuit and how you can obtain more information, file a claim, or take other action.

*A court authorized this notice.
This is not a solicitation from a lawyer.*

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<<ADDRESS LINE 4>>
<<ADDRESS LINE 5>>
<<CITY, STATE ZIP>>
<<COUNTRY>>

Barcode No-Print Zone

United States District Court for Western District of Washington at Seattle, Cause No. 2:17-cv-1611-RSL

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Why Did I Get this Notice?

You received this notice because you might be eligible to participate in a \$3 million settlement if you paid for hearing aids or associated medical care while covered under a health insurance plan issued by Kaiser between October 30, 2014, and December 31, 2023. Not all individuals who received this notice are members of the class. You must meet the class definition to be a member of the class. The class definition can be found here: www.KPHearingAidSettlement.com.

What Can I Do Because of This Settlement?

If you're part of this group, you can: (1) Ask for money (file a claim) as part of this Settlement, (2) Decide not to participate in this case or the Settlement (opt-out), (3) Remain in this case but object to the Settlement, or (4) Do nothing, which means you will (a) receive no money and (b) give up any claims you have against Kaiser related to the issues in this case.

How do I Learn More About This?

You can get more information about the case and your choices at www.KPHearingAidSettlement.com or email info@KPHearingAidSettlement.com.

How Much Money Could I Get?

If you are a class member and file an eligible claim, you may be eligible for up to 100% of the costs you paid for hearing aids and associated services from October 30, 2014, through December 31, 2023. Please see www.KPHearingAidSettlement.com for details.

How do I Make a Claim?

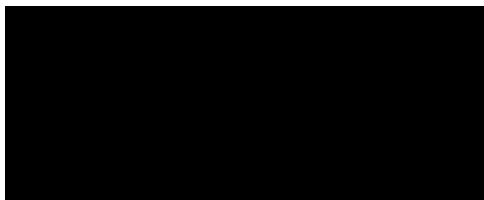
- (1) The best and fastest way is to go online at www.KPHearingAidSettlement.com and follow the instructions;
- (2) Or email us at info@KPHearingAidSettlement.com with your name and address;
- (3) Or call 1-888-339-4196 (Toll-Free), or 1-877-921-3669 (TTY), to obtain more information.

When Do I Need to Do Something?

If you want to file a claim, you must submit your request online at www.KPHearingAidSettlement.com or by mail on or before **April 4, 2024**.

Attachment 5

Schmitt v. Kaiser Settlement Claims Processing
P.O. Box 2479
Portland, OR 97208-2479



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Schmitt v. Kaiser Foundation Health Plan of Washington, et al.
For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com
Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or
1-877-921-3669 (TTY)

Name: [REDACTED]
Unique ID: [REDACTED]
PIN: [REDACTED]

Claim Form Instructions

Settlement Class Members who previously submitted Claims for Hearing Aid(s) and Associated Services

You are receiving this prepopulated Claim Form because you were identified as an individual who previously submitted a Claim for Hearing Aid(s) and Associated Services.

1. Submitting a Claim for the Prepopulated Amount

No further documentation is required to submit a Claim for the services prepopulated on the web form or printed on the enclosed forms. To submit a Claim for these services **only**, you may submit a claim without additional documentation either:

- 1) Online at www.KPHearingAidSettlement.com, or
- 2) by mailing forms to the Claims Processor at P.O. Box 2479 Portland, OR 97208-2479

When submitting your Claim, please reference the Unique ID provided above.

2. Submitting a Claim for the Prepopulated Amount, Plus Additional Hearing Aids or Associated Services

If you would like to add additional transactions that are not prepopulated on the enclosed forms, documentation is required. Please follow the instructions enclosed for how to add additional transactions and documentation.

Your Claim Form with attached documentation must be received by **April 4, 2024**. Please mail the form with sufficient time for delivery.



Schmitt v. Kaiser Foundation Health Plan of Washington, et al.

For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com

Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or 1-877-921-3669 (TTY)

CLAIM FORM INSTRUCTIONS

You must submit a Claim Form if you wish to be reimbursed for out-of-pocket payments or debt owed for the cost of Hearing Aids and/or Associated Services incurred between October 30, 2014, and December 31, 2023, under the terms of the Settlement Agreement.

All claims must be received by the Claims Processor by no later than April 4, 2024. Any claims received after this date will not be eligible for payment.

A. Claim Form and Certification of Payment Form Must Be Completed

1. For each Hearing Aid and Associated Service claimed, you must identify on the Claim Form: (1) the date of service or purchase (month/year); (2) the name of the provider on that date and each provider's address and phone number, if available; (3) a short description of the service or hearing aid purchased; (4) the amount paid or debt owed related to the service or hearing aid; and (5) whether the claim was submitted to Kaiser.
2. You must also sign the Certification of Payment Form, attesting that the information you have provided is true and correct under penalty of perjury.

B. Documentation

You must also submit proof of the dates of the service or purchase, provider, and payment or obligation to pay. Please do not send originals as they will not be returned to you.

1. Proof of purchase of Hearing Aids and Associated Service dates can be evidenced by clinical notes, invoices seeking payment that include dates of service, or other evidence of similar reliability.
2. The identity of the provider can be evidenced by identification on clinical notes, invoices, or other documents of similar reliability.
3. Proof of payment or debt owed may consist of: cancelled checks, credit card account statements, provider ledgers, invoices stamped "paid" or showing amounts due, checking account statements, signed letters from the provider or provider's employer documenting the amount paid or debt incurred (so long as the letter clearly connects payments or debt with the specific services or equipment). You must include this additional proof with your Claim Form.

If you are submitting a Claim Form on behalf of another individual, additional documentation must be submitted to demonstrate authority to file a claim on their behalf.

C. Each Individual's Claims Submitted in One Submission or Mailing

Each individual's claims should be submitted in a single submission or mailing. Do not submit original documents by mail as they will not be returned to you. You should keep a copy of your Claim Form for your records.

D. Submit Your Claim Form Online or by Mail

You may submit a Claim online by visiting www.KPHearingAidSettlement.com.

Alternatively, your Claim Form may be mailed to:

Schmitt v. Kaiser Settlement Claims Processing
P.O. Box 2479
Portland, OR 97208-2479

Your Claim Form with attached documentation must be received by April 4, 2024. Please mail the form with sufficient time for delivery.

E. Investigation

The Claims Processor may independently confirm any claim. By submitting a Claim Form, you agree that such an investigation may be made. Failure to cooperate may be grounds to deny a claim.

F. Payment of Claims

After you submit your claim, the Claims Processor will process the claim and determine whether and to what extent you may be paid out of the settlement funds. Payment is contingent upon final Court approval of the proposed Agreement. This process will take several months.

If your claim is approved by the Claims Processor and authorized by the Court, you will be mailed a check for the approved amount of the claim. If your claim is denied, in whole or in part, the Claims Processor will provide a letter of explanation. That letter will explain why your claim was denied, and you will be given an opportunity to correct any problems. If you disagree with the Claims Processor's determination, then you may follow the steps set forth in the denial letter to appeal.

Questions?

If you have questions about how to complete this Claim Form, you may contact the Claims Processor by email at info@KPHearingAidSettlement.com or by phone at 1-888-339-4196 (Toll-Free) or 1-877-921-3669 (TTY). You may also contact Class Counsel, Sirianni Youtz Spoonmore Hamburger, by visiting <https://www.symslaw.com/kaiserhearingaids> or calling 206-223-0303.

Schmitt v. Kaiser Foundation Health Plan of Washington, et al.
 For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com
 Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or 1-877-921-3669 (TTY)

FORM 1 – CLAIM FORM

Name of Person who received the Hearing Aid(s) and/or Related Services:

[REDACTED]

Documentation must be submitted for each transaction listed below. Please attach all documents that show that you received and incurred a debt for the services identified below, such as itemized statements, cancelled checks, credit card statements, receipts, treatment summaries, etc.

PLEASE DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED TO YOU.

NOTE: If you need additional pages for more claims, you may make a copy of this blank claim form or obtain additional forms from www.KPHearingAidSettlement.com.

Date of Hearing Aid Purchase or Related Service (at least month and year) (Required)	Licensed Hearing Professional Name (and address and phone number, if available) (Required)	Description of Hearing Aid (brand and model) and/or Associated Service (Required)	Amount You Paid or Owe for Hearing Aid and/or Associated Service (Required)	Was this claim submitted to Kaiser for coverage? (Y/N)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Schmitt v. Kaiser Foundation Health Plan of Washington, et al.
 For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com
 Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or 1-877-921-3669 (TTY)

FORM 1 – CLAIM FORM - CONTINUED

Name of Person who received the Hearing Aid(s) and/or Related Services:

[REDACTED]

Documentation must be submitted for each transaction listed below. Please attach all documents that show that you received and incurred a debt for the services identified below, such as itemized statements, cancelled checks, credit card statements, receipts, treatment summaries, etc.

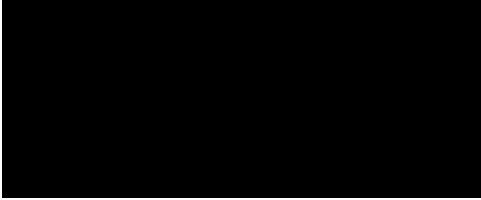
PLEASE DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED TO YOU.

NOTE: If you need additional pages for more claims, you may make a copy of this blank claim form or obtain additional forms from www.KPHearingAidSettlement.com.

Date of Hearing Aid Purchase or Related Service (at least month and year) (Required)	Licensed Hearing Professional Name (and address and phone number, if available) (Required)	Description of Hearing Aid (brand and model) and/or Associated Service (Required)	Amount You Paid or Owe for Hearing Aid and/or Associated Service (Required)	Was this claim submitted to Kaiser for coverage? (Y/N)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Attachment 6

Schmitt v. Kaiser Settlement Claims Processing
P.O. Box 2479
Portland, OR 97208-2479



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Schmitt v. Kaiser Foundation Health Plan of Washington, et al.
For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com
Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or
1-877-921-3669 (TTY)

Name: [REDACTED]
Unique ID: [REDACTED]
PIN: [REDACTED]

You are receiving this Reminder Notice because records indicate that you have not yet submitted a Claim. If you wish to submit a Claim, it must be received by the Notice and Claims Administrator by April 4, 2024.

Claim Form Instructions

Settlement Class Members who previously submitted Claims for Hearing Aid(s) and Associated Services

You are receiving this prepopulated Claim Form because you were identified as an individual who previously submitted a Claim for Hearing Aid(s) and Associated Services.

1. Submitting a Claim for the Prepopulated Amount

No further documentation is required to submit a Claim for the services prepopulated on the web form or printed on the enclosed forms. To submit a Claim for these services **only**, you may submit a claim without additional documentation either:

- 1) Online at www.KPHearingAidSettlement.com, or
- 2) by mailing forms to the Claims Processor at P.O. Box 2479 Portland, OR 97208-2479

When submitting your Claim, please reference the Unique ID provided above.

2. Submitting a Claim for the Prepopulated Amount, Plus Additional Hearing Aids or Associated Services

If you would like to add additional transactions that are not prepopulated on the enclosed forms, documentation is required. Please follow the instructions enclosed for how to add additional transactions and documentation.

Your Claim Form with attached documentation must be received by **April 4, 2024**. Please mail the form with sufficient time for delivery.

Schmitt v. Kaiser Foundation Health Plan of Washington, et al.

For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com

Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or 1-877-921-3669 (TTY)

CLAIM FORM INSTRUCTIONS

You must submit a Claim Form if you wish to be reimbursed for out-of-pocket payments or debt owed for the cost of Hearing Aids and/or Associated Services incurred between October 30, 2014, and December 31, 2023, under the terms of the Settlement Agreement.

All claims must be received by the Claims Processor by no later than April 4, 2024. Any claims received after this date will not be eligible for payment.

A. Claim Form and Certification of Payment Form Must Be Completed

1. For each Hearing Aid and Associated Service claimed, you must identify on the Claim Form: (1) the date of service or purchase (month/year); (2) the name of the provider on that date and each provider's address and phone number, if available; (3) a short description of the service or hearing aid purchased; (4) the amount paid or debt owed related to the service or hearing aid; and (5) whether the claim was submitted to Kaiser.
2. You must also sign the Certification of Payment Form, attesting that the information you have provided is true and correct under penalty of perjury.

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You must also submit proof of the dates of the service or purchase, provider, and payment or obligation to pay. Please do not send originals as they will not be returned to you.

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2. The identity of the provider can be evidenced by identification on clinical notes, invoices, or other documents of similar reliability.
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Schmitt v. Kaiser Settlement Claims Processing
P.O. Box 2479
Portland, OR 97208-2479

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If your claim is approved by the Claims Processor and authorized by the Court, you will be mailed a check for the approved amount of the claim. If your claim is denied, in whole or in part, the Claims Processor will provide a letter of explanation. That letter will explain why your claim was denied, and you will be given an opportunity to correct any problems. If you disagree with the Claims Processor's determination, then you may follow the steps set forth in the denial letter to appeal.

Questions?

If you have questions about how to complete this Claim Form, you may contact the Claims Processor by email at info@KPHearingAidSettlement.com or by phone at 1-888-339-4196 (Toll-Free) or 1-877-921-3669 (TTY). You may also contact Class Counsel, Sirianni Youtz Spoonmore Hamburger, by visiting <https://www.symslaw.com/kaiserhearingaids> or calling 206-223-0303.

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FORM 1 – CLAIM FORM

Name of Person who received the Hearing Aid(s) and/or Related Services:

[REDACTED]

Documentation must be submitted for each transaction listed below. Please attach all documents that show that you received and incurred a debt for the services identified below, such as itemized statements, cancelled checks, credit card statements, receipts, treatment summaries, etc.

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NOTE: If you need additional pages for more claims, you may make a copy of this blank claim form or obtain additional forms from www.KPHearingAidSettlement.com.

Date of Hearing Aid Purchase or Related Service (at least month and year) (Required)	Licensed Hearing Professional Name (and address and phone number, if available) (Required)	Description of Hearing Aid (brand and model) and/or Associated Service (Required)	Amount You Paid or Owe for Hearing Aid and/or Associated Service (Required)	Was this claim submitted to Kaiser for coverage? (Y/N)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Schmitt v. Kaiser Foundation Health Plan of Washington, et al.
 For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com
 Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or 1-877-921-3669 (TTY)

FORM 1 – CLAIM FORM - CONTINUED

Name of Person who received the Hearing Aid(s) and/or Related Services:

[REDACTED]

Documentation must be submitted for each transaction listed below. Please attach all documents that show that you received and incurred a debt for the services identified below, such as itemized statements, cancelled checks, credit card statements, receipts, treatment summaries, etc.

PLEASE DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED TO YOU.

NOTE: If you need additional pages for more claims, you may make a copy of this blank claim form or obtain additional forms from www.KPHearingAidSettlement.com.

Date of Hearing Aid Purchase or Related Service (at least month and year) (Required)	Licensed Hearing Professional Name (and address and phone number, if available) (Required)	Description of Hearing Aid (brand and model) and/or Associated Service (Required)	Amount You Paid or Owe for Hearing Aid and/or Associated Service (Required)	Was this claim submitted to Kaiser for coverage? (Y/N)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Schmitt v. Kaiser Foundation Health Plan of Washington, et al.
For more information or to submit a Claim online, visit: www.KPHearingAidSettlement.com
Questions? Email info@KPHearingAidSettlement.com or call 1-888-339-4196 (Toll-Free) or
1-877-921-3669 (TTY)

FORM 2: CERTIFICATION OF PAYMENT(S)

Name of Person submitting Claim:

First Name:

MI:

Last Name:

Name of Person who received the Hearing Aid(s) and/or Related Services (required):

Unique ID:

Current Address:

City:

State:

ZIP Code:

Daytime/Evening Telephone Numbers:

Daytime:

Evening:

Email Address:

I hereby certify that I (or my dependents), while being insured at any time during the Settlement Class Period under a Washington health insurance plan that has been, is, or will be delivered, issued for delivery, or renewed by Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, incurred out-of-pocket expenses, or debt, for Hearing Aids and Associated Services as set forth on the Claim Form(s) submitted with this Certification. I further certify that these expenses have not been assigned to any third party, nor paid by any third party (apart from family members). I also certify that the information provided in this Certification Form and my Claim Form(s) is true and correct under penalty of perjury under the laws of the United States.

Signature

Date:

MM

DD

YYYY

You **must** include the following with this Certification: (1) Completed Claim Form(s) identifying the dates of purchase or service, the licensed hearing professional, the type of service or hearing aid purchased, the amount paid or owed, and whether the claim was submitted to Kaiser and (2) documentary evidence reflecting the unreimbursed charges or debt incurred for the claimed Hearing Aid(s) and Related Services unless such evidence was already submitted to Kaiser. Please see the enclosed "Claim Form Instructions" for assistance.

If you are submitting a Claim Form on behalf of another individual, additional documentation must be submitted to demonstrate authority to file a claim on their behalf.

