

UFCW & Employers Benefit Trust v. Sutter Health
c/o Administrator
P.O. Box 6389
Portland, OR 97228-6389
Forwarding Service Requested

**Must be Postmarked No
Later Than
May 28, 2021**

UFCW & Employers Benefit Trust, on behalf of itself and all others similarly situated v. Sutter Health et al.
San Francisco Superior Court
Case No. CGC-14-538451

PROOF OF CLAIM AND RELEASE

PART I - INTRODUCTION

1. This Proof of Claim and Release (“Claim Form”) has been mailed to you because you may be a member of the Class in a lawsuit against Sutter Health and certain affiliates (“Defendants”).
2. This Claim Form was mailed to you with a Notice of Proposed Settlement that provides information about the Settlement of this lawsuit and the rights of Class Members to object to the Settlement or to claim a share of the Settlement Fund or to do both. You should read the Notice before completing this Claim Form.
3. The purpose of this Claim Form is to determine which entities are entitled to claim a share of the Settlement Fund. Only members of the Class certified in the lawsuit are entitled to a share of the Settlement Fund. This Claim Form requires Class Members to provide the information needed to establish their membership in the Class.

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Important: This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

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To view Epiq’s Privacy Notice, please visit <https://www.epiqglobal.com/en-us/privacy-statement>

PART II - GENERAL INSTRUCTIONS

1. If you are a Class Member and wish to claim your share of the Settlement Fund, you must complete this Claim Form according to the instructions herein, sign the form under penalty of perjury, and mail the form to the Claims Administrator at Epiq, P.O. Box 6389, Portland OR 97228-6389, **postmarked no later than May 28, 2021**. The same Claim Form is available online at www.SutterHealthLawsuit.com, and Class Members have the option of completing and electronically signing the Claim Form under penalty of perjury **online no later than May 28, 2021**. Class Members who fail to timely complete, sign and submit the Claim Form may be barred from receiving any money from the Settlement Fund.
2. Please keep a copy of your completed and signed Claim Form for your records. If you wish to have confirmation that the Claims Administrator received your mailed Claim Form, you should send it via certified mail, return receipt requested.
3. If you have any questions about the Claim Form or how to complete and return it, you should contact the Claims Administrator at Epiq, P.O. Box 6389, Portland OR 97228-6389, info@SutterHealthLawsuit.com, or 1-866-828-2466.
4. If you complete, sign, and timely submit this Claim Form, and it establishes your membership in the Class, you will be a Claiming Class Member, and you will be entitled to a share of the Settlement Fund if the Court approves the Settlement.
5. The Claims Administrator will later mail a Notice of Relevant Payments to Claiming Class Members if and when the Court approves the Settlement and the Settlement becomes effective. It could take months, or years if there is an appeal, for the Settlement to become effective.
6. The Notice of Relevant Payments will provide each Claiming Class Member with Class Counsel's calculation of the Claiming Class Member's total relevant payments to Defendants based on the health plan claims data produced in the lawsuit. This amount will then be used to calculate each Claiming Class Member's pro rata share of the Net Settlement Fund under the Plan of Allocation.
7. However, Claiming Class Members will be able to dispute Class Counsel's calculation of their total relevant payments by completing and signing under penalty of perjury a Dispute Form that will be mailed to Claiming Class Members with the Notice of Relevant Payments. The Dispute Form will also be available online at www.SutterHealthLawsuit.com, and Claiming Class Members will have the option to complete and electronically sign the Dispute Form under penalty of perjury online and submit online the supporting claims data with the specified fields in the required form. If a Claiming Class Member does **not** dispute the amount of its total relevant payments stated in the Relevant Payments Notice, it should not complete and return the Dispute Form. If a Claiming Class Member does not timely complete, sign, and return the Dispute Form and supporting claims data with the specified fields in the required form, it will be deemed to have accepted the amount stated in the Relevant Payments Notice as its total relevant payments.
8. To preserve their options, Class Members and/or their health plan and/or their third-party administrator should keep their claims data reflecting their payments to Defendants for general acute care hospital services.
9. If the Settlement is approved by the Court and becomes effective, all Class Members will be bound by the Settlement Agreement and the Final Judgment and Order entered in this lawsuit regardless of whether they submit this Claim Form. However, if you are a Class Member and wish to receive your share of the Settlement Fund, you **must** complete, sign, and return this Claim Form according to its instructions, **postmarked no later than May 28, 2021**, or complete and electronically sign the online Claim Form **no later than May 28, 2021**.

PART V - RELEASE

Whether or not Class Members submit this Claim Form, they are subject to the following release provisions in the Settlement Agreement upon the Effective Date:

“Upon the Effective Date, UEBT, each Class Member, and the People of the State of California (the “Releasers”) shall release, forever discharge and covenant not to sue the Defendants, their past or present parents, subsidiaries, divisions, affiliates, stockholders, officers, directors, insurers, employees, agents, attorneys, and any of their legal representatives (and the predecessors, heirs, executors, administrators, successors, purchasers, and assigns of each of the foregoing) (the “Released Parties”) from all claims, whether federal or state, known or unknown, asserted or unasserted, regardless of legal theory, arising from or related to the facts, activities or circumstances alleged in the Consolidated Action, or any purported anticompetitive effect resulting from the alleged conduct. Claims within the scope of this release shall be released up to the date on which the Settlement is signed by all parties. Claims released pursuant to this paragraph are the “Released Claims.” For the avoidance of doubt, this Agreement shall not be construed to release claims to recover damages in the form of premium overcharges as of October 15, 2019, sought in *Sidibe et al. v. Sutter Health*, Case No 3:12-cv-4854-LB, pending in the Northern District of California (“Sidibe Action”).

“Each Releaser expressly agrees that, upon the Effective Date, he, she, or it waives and forever releases with respect to the Released Claims any and all provisions, rights and benefits conferred by either (a) § 1542 of the California Civil Code, which reads:

Section 1542. General release; extent. A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release, and that, if known by him or her would have materially affected his or her settlement with the debtor or released party.
or (b) any law of any state or territory of the United States, or principle of common law, which is similar, comparable or equivalent to § 1542 of the California Civil Code.

“Upon the Effective Date, Class Members shall be bound by the release of the Released Claims set forth in this Section V.”

REMINDER CHECKLIST

1. Please sign the Signature Section of the Proof of Claim and Release form.
2. If this Proof of Claim and Release form is being made on behalf of Joint Claimants, then both must sign.
3. Keep a copy of your Proof of Claim and Release form for your records.
4. If you move, please send your new address to the Claims Administrator at the address below or at info@SutterHealthLawsuit.com.
5. Do not use highlighter on the Proof of Claim and Release form or supporting documentation.

THIS PROOF OF CLAIM MUST BE COMPLETED ONLINE BY MAY 28, 2021, OR MUST BE POSTMARKED NO LATER THAN MAY 28, 2021 AND MAILED TO:

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c/o Administrator
P.O. Box 6389
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