



4008838099999999996

Kaiser Foundation Health Plan, Inc., d/b/a Kaiser Permanente Settlement

CLAIM FORM

Case No. 2025-016220-CA-01

Return this Claim Form to: Kaiser TCPA and FTSA Settlement, Settlement Administrator, P.O. Box 6049, Portland, OR 97228-6049. For questions, visit **KaiserTCPASettlement.com** or call **1-877-805-8877**.

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY FEBRUARY 12, 2026, BE FULLY COMPLETED AND SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A CLAIM SETTLEMENT PAYMENT.

Please note that this Claim Form may be researched and verified by the Settlement Administrator.

YOUR CONTACT INFORMATION

First Name:

MI:

Last Name:

Current Address:

City:

State:

ZIP Code:

Provide the telephone number(s) at which you received the text message(s) from Kaiser Foundation Health Plan, Inc., d/b/a Kaiser Permanente. If you received text messages at more than one phone number, list all such numbers you used. You may leave unused lines blank. The Settlement Administrator will verify any qualifying messages to the phone numbers listed below.

Telephone Number (required):

Telephone Number (if applicable):

Telephone Number (if applicable):

Email Address (if any):

Current Phone Number:

or

check if same as above

(Please provide a phone number where you can be reached if further information is required.)

Unique ID:



400883809999999996

SETTLEMENT CLASS MEMBER VERIFICATION

By submitting this Claim Form, I attest under penalty of perjury that I am the current or former subscriber or authorized user for the telephone number(s) listed in this Claim Form, and that I received more than one text message from Kaiser Foundation Health Plan, Inc., d/b/a Kaiser Permanente, at the telephone number(s) listed above after opting out of text communications. I further attest that the information provided herein is true and correct under penalty of perjury.

For additional information regarding the Settlement, visit KaiserTCPASettlement.com.

Signature:

Date: - -
MM DD YYYY

Print Name:

If you have questions, you may call the Settlement Administrator at 1-877-805-8877.