## Oakley/OSUWMC Class Action Settlement Administrator P.O. Box 2006

Chanhassen MN, 55317-2006 www.oakleyclassaction.com

Email: claims@oakleyclassaction.com

## **CLAIM FORM**

Oakley et al. v. The Ohio State Wexner Medical Center - Case No.: 2017-00845

To receive a settlement payment, your completed Claim Form must be postmarked for return or returned to the Settlement Administrator on or before <u>September 2, 2020</u>.

You can return the completed Claim Form by U.S. mail in the pre-paid envelope that was mailed to you, by email to the Settlement Administrator's email address claims@oakleyclassaction.com, or electronically through the case website at <a href="www.oakleyclassaction.com">www.oakleyclassaction.com</a>.

Last Name

M.I.

Please type or print in ink the following:

1

First Name

Mailing Address

City		State Zip Code
Telephone Number (Home/Mobile)		
Email Address		
VERIFICATIONS		
By signing and submitting this Claim For Action, I want to participate in the settle Settled Claims I have against OSUWMC o	ment, I want to receive a Settleme	nt Award, and in return I release any
By signing below, I affirm that I am an Elig Form is true and correct. I agree to coopera Administrator.		•
 Sign your name here	Print your name here	M M D D Y Y Y Y  Data Signad
	- Time your manie nere	Date Signed