

RehabCare Settlement
Administrator
P.O. Box 43034
Providence, RI 02940-3034



RHR

**Must Be Postmarked
No Later Than
September 7, 2017**

*R. Fellen, Inc., et al. v. RehabCare Group, Inc.,
and Cannon and Associates LLC, dba Polaris Group*

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Case No. 14-CV-02081

**CLASS MEMBER
INFORMATION FORM**

Official
Office
Use
Only



1. CHECK PAYEE and ADDRESS:

Defendants' records show that Faxes were successfully transmitted to «Fax Telephone Number», but do not necessarily identify the person or company that was the subscriber of this number or the address associated with the subscriber. It is therefore necessary that you complete this form in order to receive payment under the settlement.

Payee

Primary Address

Primary Address Continued

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

2. CERTIFICATION [Required only if you provide corrected information]:

I certify under penalty of perjury that (a) the information I provided on this form is true and correct; and (b) in the case of a business entity named above, that I am an authorized representative of such business entity to provide the information in the form.

Signature: _____ Dated: _____

Print Name: _____ Title/Position/Company: _____

Email Address

Area code — Telephone number (home)

Area code — Telephone number (work)

If you have provided any corrected information on this form you must sign and complete the certification and return this form **no later than September 7, 2017**, as follows:

(a) By fax to: 1-415-798-3977 **OR**

(b) By mail to: RehabCare Settlement Administrator, P.O. Box 43034, Providence, RI 02940-3034

Questions? Call 1-866-683-9606 or visit www.rehabcaresettlement.com



FOR CLAIMS PROCESSING ONLY	OR	<input type="checkbox"/>	CB	<input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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