

**WOLF V. THE PERMANENTE MEDICAL GROUP, INC.
U.S. District Court for the Northern District of California
No. 3:17-cv-05345-VC**

**CLASS ACTION SETTLEMENT
CLASS MEMBER SETTLEMENT INFORMATION SHEET**

«Barcode» «BarcodeString»
SIMID «SIMID»
«FirstName» «LastName»
«Address1» «Address2»
«City» «Abbrev» «Zip»

IF YOU WANT TO RECEIVE A SHARE OF THE SETTLEMENT OF THE *Wolf v. The Permanente Medical Group, Inc.* CLASS ACTION, REVIEW THE INFORMATION BELOW TO CONFIRM THAT YOUR CONTACT AND PERSONNEL INFORMATION IS CORRECT.

IF THIS INFORMATION IS ACCURATE, DO NOT RETURN THIS SHEET: YOU AUTOMATICALLY WILL RECEIVE YOUR SETTLEMENT SHARE UNLESS YOU SUBMIT AN ELECTION NOT TO PARTICIPATE.

IF THE INFORMATION BELOW IS NOT CORRECT, PROVIDE CORRECTED INFORMATION, DATE AND SIGN THIS FORM (AT THE BOTTOM OF THE PAGE), AND MAIL IT, POSTMARKED NOT LATER THAN JULY 23, 2018, TO:

Wolf v. TPMG Settlement Administrator
c/o Simpluris, Inc.
P.O. Box 26170
Santa Ana, CA 92799
(888) 554-3556

**PERSONNEL INFORMATION FOR
CLASS MEMBER RECEIVING THIS NOTICE**

1. Your name:	«FirstName» «LastName»
2. Your mailing address:	«Address1» «Address2» «City» «Abbrev» «Zip»
3. Last four digits of your Social Security number:	XXX-XX-«MERGED_Last4SSN»
4. Your most recent hourly base rate of pay as an hourly Teleservice Representative at one or more TPMG call centers located in Sacramento, San Jose, or Vallejo, California, from September 14, 2013 to May 9, 2018 (“The Class Period”):	\$«MERGED_HourlyRate» / hour
5. Total number of hours you worked as an hourly Teleservice Representative at one or more TPMG call centers located in Sacramento, San Jose or Vallejo, California, from September 14, 2013 to May 9, 2018 (your “Work Hours”):	«MERGED_WorkHours» work hours

6. Total number of days you worked at least eight (8) hours as an hourly Teleservice Representative at one or more TPMG call centers located in Sacramento, San Jose, or Vallejo, California from September 14, 2013, to May 9, 2018:	«MERGED_DaysWorkedEightHours» days
7. Your estimated Settlement Share:	\$«MERGED_EstSettAmnt_CALC»

IF ANY OF THE INFORMATION SHOWN ABOVE (NUMBERS 1 TO 7) IS NOT CORRECT, PLEASE SO INDICATE BELOW. IF YOU ARE DISPUTING ANY INFORMATION IN NUMBERS 4 TO 7 SHOWN ABOVE, STATE WHAT YOU BELIEVE TO BE THE CORRECT INFORMATION AND ATTACH ANY DOCUMENTATION THAT SUPPORTS YOUR CONTENTION.

Corrected Information	
1. Your <i>corrected</i> name:	_____
2. Your <i>corrected</i> mailing address (include telephone number, starting with area code):	_____ _____ _____
3. <i>Corrected</i> last four digits of your Social Security number (you are <i>not</i> required to provide your entire Social Security number):	XXX-XX-____-____
4. <i>Corrected</i> most recent hourly base rate of pay (including applicable shift differential) as an hourly Teleservice Representative at one or more TPMG call centers located in Sacramento, San Jose, or Vallejo, California from September 14, 2013 to May 9, 2018 (the "Class Period")	_____
5. <i>Corrected</i> number of hours you worked as an hourly Teleservice Representative at one or more TPMG call centers located in Sacramento, San Jose or Vallejo, California, from September 14, 2013 to May 9, 2018, (your "Work Hours"):	_____
6. <i>Corrected</i> number of days you worked at least eight (8) hours as an hourly Teleservice Representative at one or more TPMG call centers located in Sacramento, San Jose or Vallejo, California from September 14, 2013 to May 9, 2018:	_____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: _____, 2018.

(Signature)

PLEASE REMEMBER: IT IS YOUR OBLIGATION TO INFORM THE SETTLEMENT ADMINISTRATOR OF ANY CHANGE TO YOUR MAILING ADDRESS PRIOR TO YOUR RECEIPT OF YOUR SETTLEMENT SHARE. FAILURE TO UPDATE YOUR MAILING ADDRESS MAY PREVENT YOUR RECEIPT OF YOUR SETTLEMENT SHARE.