CLAIM FORM

If you wish to receive a settlement payment as part of the class action settlement in *Pejman Bozorgmehri v. Addus Healthcare, Inc.*, Clark County Superior Court, Case No. 25-2-02433-06, you must submit a valid and timely Claim Form by mail or online through the settlement website maintained by the Settlement Administrator **AHIEPOALawsuit.com** and inserting the following information:

CPT ID: <<ID>>
Passcode: <<Passcode>>

If you wish to submit a Claim Form by mail, please provide all of the information requested at the bottom of this document. Please make sure you type or print clearly in blue or black ink. Once you have filled in all the requested information, the completed Claim Form must be mailed and postmarked no later than **March 3, 2026** to:

Bozorgmehri v. Addus Healthcare, Inc.
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
Toll Free Number: 1-888-608-2969
Website: AHIEPOALawsuit.com
Email: AHIEPOALawsuit@cptgroup.com

1. Estimated Settlement Payment

Your estimated settlement payment is $629.04

2. Settlement Class Member Information

I declare under penalty of perjury under the laws of the State of Washington that the information supplied in this Claim Form is true and correct to the best of my knowledge, and that this Claim Form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

I qualify as a Settlement Class Member as defined in the Notice and am eligible to assert a claim for damages under RCW 49.58.110. I authorize the settlement payment to be addressed and mailed as stated below.

_____
Full Name

_____ _____
Signature Date Signed

_____
Address City State Zip

_____ _____
Phone Number Email Address

_____
Social Security Number (for tax reporting purposes)

CLAIM FORMS POSTMARKED OR SUBMITTED ONLINE AFTER MARCH 3, 2026 WILL NOT BE VALID AND WILL NOT RESULT IN PAYMENT OF ANY FUNDS TO YOU.