Stark v. BCBSNC
Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132

BCST

VISIT THE SETTLEMENT WEBSITE BY SCANNING THE PROVIDED QR CODE

STARK V. BLUE CROSS BLUE SHIELD OF NORTH CAROLINA AND CHANGE HEALTHCARE RESOURCES, LLC

U.S. DISTRICT COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

Case No. 1:23-cv-00022-CCE-LPA

Must Be Postmarked No Later Than December 2, 2024

Claim Form

SECTION I - INSTRUCTIONS

This Claim Form must be submitted electronically to the Settlement Administrator by no later than December 2, 2024 through www.myadvocatesettlement.com. If this Claim Form is not completed, signed, and submitted by this date, you will remain a member of the Class but will not receive any payment from the Settlement.

SECTION II - CLASS MEMBER INFORMATION

First Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | ZIP Code

Email Address (Required)

Your contact information will be used by the Settlement Administrator to contact you if necessary about your Claim. Provision of your email address is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your Claim and that you received at least one prerecorded or artificial voice call from Defendants, and that you either were not a member or subscriber of BCBSNC or had opted out of receiving calls from Change Healthcare.

FOR CLAIMS PROCESSING ONLY	OB	CB	DOC / LC / REV	RED / A / B

SECTION III – CONFIRMATION OF CLASS MEMBERSHIP

Wireless telephone number(s) for which you were the regular user or subscriber from January 10, 2019 through July 17, 2024 at which you received at least one prerecorded or artificial voice call from Defendants, and that you either were not a member or subscriber of BCBSNC or had opted out of receiving calls from Change Healthcare.

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Area Code		Telephone Number			
	—		—		
Area Code		Telephone Number			
	—		—		
Area Code		Telephone Number			

SECTION IV – ELECTION OF PAYMENT

☐ **I wish to receive any payment pursuant to the Settlement Agreement by check at the address in Section II.**

OR

☐ **If you wish to receive any payment pursuant to the Settlement Agreement electronically please submit your claim online at www.myadvocatesettlement.com**

IF SUBMITTED ELECTRONICALLY:
I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review. I am aware that I can obtain a copy of the full notice and Settlement Agreement at www.myadvocatesettlement.com or by writing the Settlement Administrator at the email address info@myadvocatesettlement.com or the postal address Stark v. BCBSNC Settlement Administrator, P.O. Box 301132, Los Angeles, CA 90030-1132. Checking this box constitutes my electronic signature on the date of its submission.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____