

Class Action Opt-In Notice Form

UNITED STATES COURT OF FEDERAL CLAIMS
Electrical Welfare Trust Fund, et. al. v. United States
Case No. 19-353C

1. Fill out this form completely and legibly. It must be submitted, postmarked or delivered to the claims administrator (who has been retained by Class Counsel for this case and whose address is at Paragraph 5 below) by **November 14, 2022**. You may also download and submit the Class Action Opt-In Notice Form from the case website at www.TRPLitigation.com by **November 14, 2022**.

PLEASE NOTE: A notice has been sent to your address based on information in the Government's records. It is your responsibility to ensure that the information you provide on this form is complete and accurate, and that you are entitled to a distribution of money arising out of the above lawsuit.

2. Please write the full name of the self-administered, self-insured employee health and welfare benefit plan ("Plan") that was required to pay a Transitional Reinsurance Program ("TRP") contribution under the Patient Protection and Affordable Care Act, 42 U.S.C. § 18061, in the 2014 benefit year.

3. Please fill in the following information.

Plan Address: _____

Plan Telephone Number: _____

Name, telephone number, and email address for person at the Plan that will act as contact for information regarding this Class Action:

4. By signing your name in the space below, you are declaring under penalty of perjury under the laws of the United States and applicable state laws that the following is true and correct:
 - (a) That the above-listed Plan wishes to opt into the Class Action lawsuit against the Government described in the accompanying Notice (the TRP Litigation, captioned as *Electrical Welfare Trust Fund, et al. v. United States*);

- (b) That you are authorized by the above-listed Plan to sign this document on behalf of the Plan and thereby bind the above-listed Plan;
- (c) That the above-listed Plan was required to pay a TRP contribution under the Patient Protection and Affordable Care Act, 42 U.S.C. § 18061, in the 2014 benefit year;
- (d) That the above-listed Plan did not receive a full refund of the TRP contribution for benefit year 2014;
- (e) That the above-listed Plan did not use a Third Party Administrator for any portion of its claims processing or adjudication or enrollment for benefit year 2014; and
- (f) That to the best of your knowledge, the above-listed Plan is entitled to a distribution out of this lawsuit according to the description of the Government's alleged illegal exaction and collection of the TRP contribution from self-administered, self-insured health and welfare benefits plans in benefit year 2014.

Sign Your Name: _____ Date: _____

Print Your Name: _____

Position at Plan: _____

Note: If you represent an entity making a claim, please identify the name of that entity in response to Question 2, but sign in your own name as a representative of that entity.

5. Submit this completed form by:

Internet: www.TRPLitigation.com

- A copy of this Class Action Opt-In Notice Form may also be downloaded at this URL.

Email: info@TRPLitigation.com

Courier:

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