

Class Action Opt-In Notice Form

UNITED STATES COURT OF FEDERAL CLAIMS

Common Ground Healthcare Cooperative v. United States

Case No. 17-877 C

1. Fill out this form completely and legibly. **It must be submitted, postmarked, faxed or delivered to the claims administrator (who has been retained by Class Counsel for this case and whose address is at Paragraph 5 below) on or before Monday, April 23, 2018.**

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 person or entity that offered a Qualified Health Plan(s) under the Patient Protection and Affordable Care Act in the 2016 benefit year, and whose allowable costs in the 2016 benefit year, as calculated by the Centers for Medicare & Medicaid Services, were more than 103 percent of their target amounts (as those terms are defined in the Patient Protection and Affordable Care Act).

3. Please fill in the following information.

Address: _____

Telephone number: _____

Name, telephone number, and email address for person at QHP issuer that will act as contact for information regarding the 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:

(a) That the above-listed QHP issuer wishes to opt into the Class Action lawsuit against the United States described in the accompanying Notice (*Common Ground Healthcare Cooperative v. United States*);

(b) That you are authorized by the above-listed QHP issuer to sign this document on behalf of the QHP issuer and thereby bind the above-listed QHP issuer;

(c) That the above-listed QHP issuer offered Qualified Health Plan(s) under the Patient Protection and Affordable Care Act in the 2016 benefit year, and its allowable costs in the 2016 benefit year, as calculated by the Centers for Medicare & Medicaid Services, were more than 103 percent of its target amounts (as those terms are defined in the Patient Protection and Affordable Care Act); and

(d) That to the best of your knowledge, the above-listed QHP issuer is entitled to a distribution out of this lawsuit according to the description of the United States' alleged failure to make full risk corridors payments on an annual basis as printed in the accompanying Notice.

Sign Your Name: _____ Date: _____

Print Your Name: _____

Position at QHP issuer: _____

Note: If you represent an entity making a claim, such as a corporation, partnership, or trust, 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 to:

By Internet: <http://www.riskcorridorsclassaction2016.com/optin>

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

By Courier: Risk Corridors Class Action
c/o JND Class Action Administration
2727 Western Avenue, Suite 200
Seattle, WA 98121

By Mail: Risk Corridors Class Action
c/o JND Class Action Administration
PO Box 91307
Seattle, WA 98111

By Facsimile: 1-866-282-0407