

AHM Settlement Administrator
P.O. Box 43501
Providence, RI 02940-3501



A2A

ARcare, Inc. v. Alere Home Monitoring, Inc.

UNITED STATES DISTRICT COURT, EASTERN DISTRICT OF ARKANSAS

Case No. 4:17-cv-147-KGB

Must Be Postmarked No Later Than March 2, 2020

Claim Form

CLAIMANT INFORMATION

<input type="text"/>															<input type="text"/>	<input type="text"/>														
First Name															M.I.	Last Name														
<input type="text"/>																														
Business Name																														
<input type="text"/>																														
Primary Address																														
<input type="text"/>																														
Primary Address Continued																														
<input type="text"/>																				<input type="text"/>	<input type="text"/>									
City																				State	Zip Code									
<input type="text"/>															<input type="text"/>										<input type="text"/>					
Foreign Province															Foreign Postal Code										Foreign Country Name/Abbreviation					

YOU MUST MAIL YOUR COMPLETED CLAIM FORM TO:

AHM Settlement Administrator, P.O. Box 43501, Providence, RI 02940-3501

PART I: SETTLEMENT CLASS MEMBER INFORMATION

<input type="text"/>															<input type="text"/>															<input type="text"/>														
Best Phone Number to Contact You															Fax Number (Fax Number where the facsimile transmission was received; this will be used to verify your claim.)																													
<input type="text"/>																																												
E-mail Address																																												

PART II: CERTIFICATION

To participate in the class action settlement of the above-captioned case and to complete this Claim Form, please verify that the statement below is true and correct by affixing your signature to the Claim Form thereunder. If the statement below is not true, you are not entitled to a settlement payment and should not submit a Claim Form.

I was the user of a fax machine, which corresponds to the facsimile number provided above.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Title: _____

For more information, you may visit the Settlement Website at www.AHMfaxcase.com or contact the Settlement Administrator at 1-866-554-5266.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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