

Must be received online
or postmarked by mail no
later than June 7, 2021

UCLA HEAPS SETTLEMENT
C/O JND LEGAL ADMINISTRATION
P.O. BOX 91386
SEATTLE, WA 98111
WWW.UCLAHEAPSETTLEMENT.COM

UCL

You may submit your Statement of Class Membership online at
www.UCLAHeapsSettlement.com

STATEMENT OF CLASS MEMBERSHIP

INSTRUCTIONS



READ FIRST: If you received a Settlement Notice by mail or email containing a Claimant ID Number, you do NOT need to complete this Form.

If you did not receive a Settlement Notice by mail or email containing a Claimant ID Number, you must complete this Form if you meet the Settlement Class definition below and wish to participate in the Settlement:

Female patients of Dr. Heaps who were seen for treatment by Dr. Heaps (1) at UCLA Medical Center (currently known as Ronald Reagan UCLA Medical Center) from January 1, 1986 to June 28, 2018, (2) at UCLA's student health center (currently known as Arthur Ashe Student Health and Wellness Center) from January 1, 1983 to June 30, 2010, or (3) at Dr. Heaps's medical offices at 100 UCLA Medical Plaza from February 1, 2014 to June 28, 2018.

THIS IS NOT A CLAIM FORM. Use this Form if you believe you are a member of the Class but did not receive a Claimant ID. If you are confirmed as a Settlement Class Member, you will receive a Tier 1 Award of \$2,500.

IF YOU ALSO WISH TO SUBMIT A TIER 2 OR TIER 3 CLAIM, YOU MUST FILL OUT THE TIER 2 AND TIER 3 CLAIM FORM, available at www.UCLAHeapsSettlement.com.

SECTION 1: CLAIMANT INFORMATION

1. CLAIMANT NAME:	First	Middle	Last
2. OTHER NAMES USED:			
3. DATE OF BIRTH:			
	Month	Day	Year

ATTORNEY REPRESENTATION (IF APPLICABLE)

1. ATTORNEY NAME:	First	M.I.	Last
2. LAW FIRM NAME:			
3. LAW FIRM MAILING ADDRESS:	Street Address 1		
	Street Address 2		
	City		
	State		
	ZIP Code		
4. ATTORNEY TELEPHONE:	() - -		
5. ATTORNEY EMAIL ADDRESS:			

WHAT IS YOUR PREFERRED LANGUAGE?	
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SECTION 2: CLAIMANT STATEMENT

I was seen for treatment by Dr. Heaps (1) at UCLA Medical Center (currently known as Ronald Reagan UCLA Medical Center) from January 1, 1986 to June 28, 2018, (2) at UCLA's student health center (currently known as Arthur Ashe Student Health and Wellness Center) from January 1, 1983 to June 30, 2010, or (3) at Dr. Heaps's medical offices at 100 UCLA Medical Plaza from February 1, 2014 to June 28, 2018.

Therefore, I claim to be a Settlement Class Member. Specifically, my visit(s) with Dr. Heaps occurred on or about the following date(s), and at the following locations:

<u>Date (mm/dd/yyyy)</u>	<u>Location of Visit</u>

If you have any documentation of any of the visits you listed above (e.g., appointment confirmations, invoices, etc.), please attach copies.

You may be eligible even if you do not have any documentation, however, the Claims Administrator may contact you to request additional information.

SECTION 3: CLAIMANT SIGNATURE

I hereby certify that the information provided in this Statement of Class Membership is true and accurate to the best of my knowledge. I do not object to any resulting disclosures or to the resolution of any potential Liens on my behalf. I understand that the Claims Administrator may contact me regarding the information I provided, and that providing false or misleading information may result in the rejection of my Claim.

Signature

____/____/____
Date (Month/Day/Year)

Printed Name (First, Middle, and Last)

You may file this Statement of Class Membership by mailing to the Settlement Administrator at UCLA Heaps Settlement, c/o JND Legal Administration, P.O. Box 91386, Seattle, WA 98111 or you may file your claim online through the Settlement Website at www.UCLAHeapsSettlement.com.

Your completed statement must be submitted online or postmarked by mail **no later than June 7, 2021**.