

**MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT, GALLATIN COUNTY**

WHITNEY ERIN GENDRON, individually and on behalf of all others similarly situated,

Plaintiff,

v.

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC., A Montana Corporation, and any and all parent companies, subsidiaries, and affiliates, MONTANA UNIVERSITY SYSTEM, JOHN DOE DEFENDANTS 1-100, AND JOHN DOE DEFENDANTS 101-150,

Defendants.

Case No.: DV-09-953B

**ACKNOWLEDGMENT  
AND  
CLAIMS FORM**

**TO CLASS MEMBERS: Please read this notice closely because you may be entitled to payment as a member of this class action.**

Please complete the information requested in this form and **return this form in the enclosed envelope by APRIL 13, 2018:**

1. Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**OVER**

3. Were you or a family member injured when you had health insurance?

Yes

No

4. Did you or a family member have medical expenses that were paid by other insurance (for example, automobile or homeowners insurance) when you had health insurance with the Montana University System?

Yes

No

If you answered “Yes” to either question, you may be entitled to payment of money equal to the value of any medical benefits not paid by the Montana University System’s Employee Group Benefits Plan.

A representative from the Montana University System’s Employee Group Benefits Plan will contact you to obtain further information regarding your right to monetary recovery.

Signed \_\_\_\_\_ Dated \_\_\_\_\_