IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Carol Loveless, et al. v. County of Cook. **Case No. 04 C 3939 (Judge James Zagel)**

CLAIM FORM

YOU MUST COMPLETE AND RETURN THIS FORM IN ORDER TO RECEIVE YOUR SHARE OF THE SETTLEMENT FUNDS.

PLEASE PRINT CLEARLY:

_____

First and Last Name

_____ (___)_____

Address City State Zip Daytime Telephone Number

If any of the information above is incorrect, YOU MUST provide the correct information in the space provided above.

Net remaining settlement proceeds shall be paid to Class Members on a pro rata basis determined by the length of time a nurse coordinator was employed at any health facility operated by the Cook County Bureau of Health during the period June 10, 1999 through the date settlement was agreed, July 1, 2008.

Taxpayer Identification Number Certification - Substitute IRS Form W-9

Enter your Social Security Number (SSN): ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Print name as shown on your income tax return if different from above: _____

Under penalty of perjury, I certify that:

1. The tax payer identification number shown on this form is my correct taxpayer identifieation number, and
2. I am a U.S. person (including a U.S. resident alien). Please check one: ☐YES ☐NO

Print Legal Name: _____

Signature: _____ Print your name: _____

Date: _____

THE COMPLETED FORM MUST BE MAILED TO:

COOK COUNTY NURSE'S CLAIMS ADMINISTRATOR
C/O CPT GROUP, INC
16630 ASTON,
IRVINE, CA 92606

Any Questions? Please visit www.cptgroup\cookcounty.com or call (877) 589-1554