

PROOF OF CLAIM AND RELEASE FORM

(Claim Form)

In re Geisinger System Services and Evangelical Community Hospital Healthcare Workers Antitrust Litigation, No. 4:21-cv-00196 (M.D. Pa.)

If you received a notice by mail or email that included the compensation you earned from either Geisinger and/or Evangelical from January 1, 2014 through August 5, 2020: You are automatically included in the Class and do not need to submit a Proof of Claim and Release Form. Please use the Unique Identifier and PIN number provided on your notice to verify your name, contact information, and work information are correct online or by mail.

If you did not receive notice in the mail or by email, or if you received a notice but it did not include the correct compensation information you earned from either Geisinger and/or Evangelical from January 1, 2014 through August 5, 2020: You must fill out and submit this Proof of Claim and Release Form online, or mail it to the address below, postmarked **on or before February 17, 2026**. You must also complete and submit an IRS form W-9 for tax reporting purposes, online or by mail, to receive a payment.

Fill out and submit your completed claim form:

Online at
www.geisingerevansettlement.com

OR

By Mail to the following address:

Geisinger Evangelical Settlement
c/o A.B. Data, Ltd.
P.O. Box 173108
Milwaukee, WI 53217

Please complete all the sections on this form and sign it.

If you submit a Proof of Claim and Release Form, you are swearing that you worked as a Healthcare Worker¹ at Geisinger's or Evangelical's facilities located in Union, Snyder, Northumberland, Montour, Lycoming, and/or Columbia counties in Pennsylvania at some point from **January 1, 2014 through August 5, 2020**.

YOUR NAME* (FIRST LAST)

UNIQUE ID FROM EMAIL OR POSTCARD NOTICE (IF YOU DID NOT GET A NOTICE, LEAVE THIS BLANK)

STREET ADDRESS*

CITY*

STATE*

ZIP*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MOBILE NUMBER*

EMAIL*

* Required if you have one

UNIQUE ID

¹ Pursuant to the Settlement Agreements, "Healthcare Workers" are nurses, physicians, advanced practitioners, medical support personnel, and Other Healthcare Professionals. "Other Healthcare Professionals" are health technicians, therapists, healthcare managers, or other healthcare professionals who contribute to the healthcare system in various capacities.

Instructions:

- 1.** To assist the Settlement Administrator in locating your records, please provide a copy of your Geisinger or Evangelical employee ID **OR** a copy of your pay history if available **OR** a copy of at least one paycheck/paystub from your time working at Geisinger or Evangelical.

AND:

- 2.** Please complete the following chart, including the Defendant for which you worked, the county you worked in, your workplace(s), the dates you worked, how much you were paid per hour (or per year, if you received an annual salary), your average weekly hours, and your job title(s). Please type or write as neatly as possible.

We will first use this information to try to match your information with the data we were provided. If we cannot, we may conduct an independent audit and may contact you by email, letter, or phone to ask for more information or documentation. Please keep your contact information up to date.

[illegible]

If you are a “U.S. person,” you must complete the Substitute IRS Form W-9 below. You are a U.S. person if you are a U.S. citizen or a U.S. resident alien. A U.S. “resident alien” is an individual who meets either the “Green Card Test” or the “Substantial Presence Test.” An undocumented individual is treated as a U.S. person for tax purposes if the Substantial Presence Test is met.

The Substantial Presence Test is met if you are physically present in the U.S. on at least:

- 31 days during 2025, and
- 183 days counting:
 - All the days you were present in 2025, and
 - 1/3 of the days you were present in 2024, and
 - 1/6 of the days you were present in 2023.

IMPORTANT:

If you are **not** a U.S. person, you should **not** complete Form W-9 and **do not** need to complete Form W-9 to get a payment. You **will** still be eligible for a payment if you cannot complete the Substitute IRS Form W-9 because you are not a U.S. person.

Substitute IRS Form W-9
Taxpayer Identification Number Certification

Social Security Number (SSN)/Individual Taxpayer Identification Number (ITIN):

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Print your name as it appears on your federal income tax return (First Name and Last Name for Individuals):

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

By signing this Proof of Claim and Release Form, I state that the information in this form is accurate and complete to the best of my knowledge. I agree and consent that the Settlement Administrator and Co-Lead Counsel may contact me electronically via email and/or phone. **I agree to provide more information if the Settlement Administrator asks me to do so. If I do not provide adequate documentation when asked (or requested), I understand my claim to the Settlements may be denied.**

Signature of U.S. Person:

Signature: _____

Date: _____