

West Point, PA 19486

[illegible][illegible][illegible][illegible]

--	--

--	--	--	--	--

[illegible]

- ☐ I owned or was the regular user of the cell phone number(s) listed on this Claim Form between January 9, 2015 and January 9, 2019; and
- ☐ To the best of my knowledge and belief, between January 9, 2015 and January 9, 2019, I was not a UnitedHealthcare member, was not authorized to receive calls on behalf of a UnitedHealthcare member, and did not consent to receive calls from UnitedHealthcare.

--	--	--	--	--	--

Date: (MM/DD/YY)