

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES**

**UNITED DENTAL CLASS ACTION**

**CLAIM FORM**

To receive a \$50 check, you must accurately complete this Claim Form and submit it by April 5, 2023. Failure to do so will result in denial of your Claim. Claim Forms may be submitted online at [www.UnitedDentalSettlement.com](http://www.UnitedDentalSettlement.com) or by mail to: *Khai Tu V. United Dental Corporation, et al. Settlement Administrator, c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606*

**A. CLASS MEMBER INFORMATION**

First Name	Last Name
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Street Address

City	State	Zip Code
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

E-mail Address (optional)

**B. SIGN AND DATE YOUR CLAIM FORM**

I declare, under penalty of perjury under the laws of California and the United States, that I purchased Dental Services at a United Dental location in California sometime between April 14, 2010, and February 7, 2019.

I understand that my claim may be subject to audit, verification, and Court review. Also, I agree to be bound by the provisions of the Class Action Settlement Agreement and Release, including granting to United Dental Corporation and other Released Parties a release of all Released Claims as defined and set forth in the Class Action Settlement Agreement and Release and in any Final Order of the Court that may be entered pursuant to the Settlement.

<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Signature	Type/Print Name	Date

**Claim Forms must be electronically submitted no later than April 5, 2023 or postmarked no later than April 5, 2023.**

**Questions: Visit [www.UnitedDentalSettlement.com](http://www.UnitedDentalSettlement.com) or call, toll-free, 1-888-318-1017**