CLAIM FORM

If you wish to be part of the class action settlement in *Kristine M. Young v. Laboratory Corporation of America, et al*, Pierce County Superior Court Case No. 23-2-09355-6, and receive a settlement payment, you must provide the information requested below. Please type or print clearly in blue or black ink.

This Claim Form must be submitted via mail postmarked no later than May 2, 2025 to:

Young v. Laboratory Corporation of America
c/o CPT Group Inc.
50 Corporate Park
Irvine, CA 92606

You can also submit your Claim Form online no later than May 2, 2025 at www.LabCorpAction.com using your CPT ID and Passcode at the top right corner of this form.

The Notice you received with this Claim Form describes your legal rights and options. Please visit the official settlement website, www.LabCorpAction.com, or call or email the Settlement Administrator, CPT Group Inc., at 1-888-764-9181 or LabCorpAction@cptgroup.com for more information or alternative ways to submit a claim form and receive payment. If your address or contact information changes, you must update the Settlement Administrator as soon as possible to ensure you receive your payment.

1. **Estimated Minimum Settlement Award**

   Your estimated minimum settlement award is $<<EstAmnt>>.

2. **Settlement Class Member Information**

   I declare under penalty of perjury under the laws of the State of Washington that the information supplied in this Claim Form is true and correct to the best of my knowledge, and this claim form was executed on the date set forth below.

   I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

   _____ _____
   Signature Date Signed

   _____
   Address City State Zip

   _____ _____
   Phone Number Email Address

CLAIMS SUBMITTED OR POSTMARKED AFTER MAY 2, 2025 WILL NOT BE VALID AND WILL NOT RESULT IN PAYMENT OF ANY FUNDS TO YOU.