Cote v. Wal-Mart Stores, Inc. **Claims Administrator** P.O. Box 43415 Providence, RI 02940-3415

WTE

Cote v. Wal-Mart Stores, Inc.,

Case No. 15-cv-12945-WGY (D. Mass.)

Must Be Postmarked No Later Than March 20, 2017

Official Office

Use

Only



Submit This Long Form Claim To

Long Form Claim

Receive A Payment Under This Settlement

— CLAIMANT INFORMATION ————				
First Name	M.I.	Last Name		
Primary Address				
Primary Address Continued				
City			State	Zip Code
Foreign Province	Foreign Po	ostal Code	Foreign Country	Name/Abbreviation

Instructions

- If you wish to receive a payment and participate in the Settlement, you must properly complete and return this Long Form Claim (or a Short Form Claim, listed before the Long Form Claim in the Notice packet) (preferably in the enclosed postage-paid envelope). You may also return your Claim Form by faxing it to 877-839-2878, emailing it to WalmartSameSexSpouseBenefitsSettlement@kccllc.com or you may file electronically online at www.WalmartSameSexSpouseBenefitsSettlement.com.
- To be considered timely, a Long Form Claim must be postmarked on or before March 20, 2017 or faxed, emailed or filed electronically so that it is received on or before March 20, 2017. You will have an additional 30 days to submit any documents, declaration(s), or statements to support your Long Form Claim, and therefore may submit such documentation by April 18, 2017.
- To properly complete the Long Form Claim, you must provide the personal information requested below in Paragraph 2, and truthfully respond to the questions below in Paragraph 3 to determine your membership in the Settlement Class and the months for which you are eligible to receive compensation under the Settlement Agreement. In addition, you must submit detailed documentation as requested in Paragraph 4 and attach any declaration(s), bills, statements, or other information to demonstrate your same-sex spouse's out-of-pocket Health Care Costs or the cost of purchasing a health insurance policy for your same-sex spouse during the Settlement Class Period.
- Any Claim Form that is not submitted by First Class Mail or the equivalent, or is postmarked or received by fax, email or filed electronically after March 20, 2017, is not addressed to the proper address, or is not signed and dated by the Settlement Class Member under penalty of perjury will **not** constitute a valid claim and may prevent you from receiving a payment under this Settlement. For more information on the Settlement and how your payment will be calculated, as well as your rights in connection with the Settlement, please see the attached Notice.
- WE ENCOURAGE YOU TO MAKE A COPY OF THE SIGNED CLAIM FORM FOR YOUR RECORDS.
- Changes of Address: It is your responsibility to keep a current address on file with the Claims Administrator. This is the address that will be used to mail your payment and tax forms. Please make sure to notify the Claims Administrator of any change of address.
- If your same-sex spouse obtained spousal health insurance coverage through a Walmart-sponsored HMO plan during the Settlement Class Period (January 1, 2011 to December 31, 2013), you may not be eligible to receive a payment under the Settlement for the months during which such coverage was provided to your same-sex spouse. If you are unsure whether your same-sex spouse obtained spousal health insurance coverage through a Walmart-sponsored HMO plan during the Settlement Class Period, you should submit an inquiry through the Claims Administrator.



FOR CLAIMS PROCESSING ONLY		СВ	DOC LC REV	RED A B
----------------------------------	--	----	------------------	---------

		onal In			_												•		nfide	entia	l by	the	par	ties	and t	he C	Claim
Α	.dm	ninistrato	r and u	ised o	nly f	or pro	oces	ssing	you	r payn	nent	and re	portir	ig ta	x 1n	torm	atior	1.)								1	
	,	Your nam	e while	a Wa	Imart	or Sa	am's	S Clu	b ass	ociate	(if di	fferent)			1											
	(Current E	mail A	ddress	i																						
		Last 4 Di		Social	Secu	rity N	lo.		Waln	nart Be	enefit	s ID N	umbe	r (if ŀ	now	n)											
		s Membe	-	. 337		,	C		~				4	2011						012							
a		Did you (please fi				_		_		betwo	een J	anuai	y 1, 2	2011	ano	1 De	cem	ber :	31, 2	2013	?						
		If yes, pl								and l	ocati	on of	vour e	empi	lovm	ent a	ıt Wa	alma	rt oi	· Sar	n's C	luh	duri	ng th	hat tii	ne n	eriod
	Ī	1 7 , p -	1		1	FF				1	to			/			1									P	
	l I	Date emp	/ ∟ oloymei	nt beg	」 / an					J		 Dat	e emp	l / bloyr	L nent	ende	j / ed										
]	Location	(s) wh	ere yo	u wc	rked	(if	more	e thar	one l	locat	ion, pl	ease i	inclu	ide a	ın att	achr	nent	and	list	all o	ther	s):				
	,	Address																									
	(City	I						1											_	1		٦.	Cad			
		,																		Stat	e		Zip	Code	₹		
b	•	Were yo	u mar	ried t	o a s	ame-	-sex	spoi	use a	t any	poin	t in ti	me b	etwe	en J	Janu	ary	1, 20)11 ส			emb					
b		-						-		t any	poin	t in ti	me b	etwe	en J	Janu	ary	1, 20)11 ส			emb					
b		Were yo						-		t any	poin	t in ti	me be	etwe	een J	Janu	ary	1, 20	011 a			emb					
b		Were yo	ill in th	e circ				-		t any	poin	t in ti	me be	etwe	een J	Janu	ary	1, 20)11 a			emb					
b	[Were yo	Spouse	e circ	le) (○ Ye	es (O N	0								ary	1, 20	011 a			emb					
b	[Were yo	Spouse	e circ	le) (○ Ye	es (O N	0	riage t							ary	1, 20	011 a			emb					
b	[Were yo	Spouse /	e circ	le) (○ Ye	es (O N	0	riage t	to you	ur sam		spo	use:					and I	Dece		er 3	1, 20	13?	nt")	
. <u>r</u>	[] []]	Were yo (please for	Spouse ease pr arriage g the	e circ	the o	\text{Ye} \text{dates} \text{cket}	es (ON vour	marr	riage 1	to you	ur sam	e-sex	spo / of m	use:	age (i	/ f still	mai	ried	write	Dece	ay's	er 3	1, 20	13?		rance
. <u>p</u>	[[[] Ooci	Were yo (please fine) Name of If yes, please of manumenting	Spouse ease pr arriage g the Cour San	e circ covide covide cout-o	the o	dates	of y Hea	our alth	marr Care	riage t	to you	ur sam End Your	de-sex	spo of m	use:	age (i	f still	mai	rried Cost	write	Dece	ay's hasi	er 3	or "F	13? Preser	<u>Insu</u>	
. <u>r</u>	Ooci	Were you (please for yes, please of mumenting yer you To receive)	Spouse ease properties of the Cour Salve a parties of the Course of the	e circ e covide c covide c covide me-Se	the of	dates cket oouse	Hea	our lith	marr	ciage i	to you	Enc	de-sex	spo of m	use:	age (i	f still	mai	rried Cost	write	toda	ay's hasi	er 3	1, 20 or "F 1 He	reser	Insu Care	Cost
. <u>p</u>	Ooci	Were yo (please fine) Name of If yes, please of manumenting	Spouse ease properties of the Cour Same arease properties of the Cour Same areasex	e circ e covide	the of f-Poor Sport for e wa	dates cket couse r a L as cha	of y Hea	our lath (marr Care cm C	ciage to Cost	to you s of ' you were	Ence Your S	d date Same	spool / of m	use: narria s Sp	age (i ouse	f still or t	mai	rried Cost f (1) ider)	write of I	toda toda out-c	hasi	er 3	or "F	Preser alth Calth	Insu Care ass 1	Cost
. <u>p</u>	Ooci olid	Were you (please for yes, please of manager for Yes) To receive your sand (January to purchase)	Spouse ease properties of the cour Salve a parties and the course are considered as the course and the course are considered as the considered as the considered as the considered are considered as the considered as the considered are considered as the considered as the considered are considered as the considered as the considered are considered as the considered are considered as the co	ce circe covide covide come-Se come-Se comes com	the control of the way	dates cket couse r a L as chanber rance	of y Hea cong argee 31, 2	vour S For ed (b) 2013 icy 1	Care Care S), incoryo	riage to cost	o you you you were g any me-s	End Your S must not for y medical ex sports	ee-sex I date Same Orgive I cal, douse f	of m	use: narria Sp locu / a 1 l or an o	age (i ouse men medi visic	f still or t tatio	mailthe (rried Cost f (1) ider) and han	write of I the dur /or (toda out-cout-cout-cout-cout-nart	hasi	date ockesSettl ost thing t	or "F He tt He emen at w he S	alth Class ac ettler	Insu Care ass l tuall	Cost Period y paid Clas
. <u>p</u>	Ooci Oolid	Name of If yes, plus Date of mumenting for Your San (January to purchase)	Spouse ease properties of the Cour Salve a pane-sex 1, 201 ase a hanuary	Out-ome-Seath 1, 20	the of f-Pootx Spart for e was execution in sur 11 to	cket bouse ra Las chanber rance o Deco	Head arge 31, 2 polleemb	No N	Care Care City Williams Control of the Control of t	Cost laim, hich veludin our sa 13). Y	you you were g any me-s	Enc Your S must not for y medical	de-sex date Same proviorgive cal, do ouse fovide	of m -Sex ide (use: narria (Sp locu	age (i	f still or t tatio cal pon co	mail mail mail mail mail mail mail mail	rried Cost f (1) ider) and han Cof-p	write of I the dur /or (Walr oocke	toda out-c iing 1 hart et He	hasi of-p the e co	date ockes Settl sst thing to Car	or "F He tt He at w he S e Co	alth Class accettler	Care ass I tuall ment	Costa Period y paid Class ne cos
. <u>p</u>	Ooci olid	Were you (please for yes, please of manager for Yes) To receive your sand (January to purchase)	Spouse ease property arriage general same a handary asing a	ovide covide	the ox Spp tfoote was seen insuring the insu	dates cket couse r a L as cha mber cance o Decourance	of y Head arge arge polleemb	vour	Care Care City Williams Control (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ciage to laim, hich welludin our sa 13). Ye ing th	you you were g any me-s (ou c e Set	Ence Your S must not for y medical ex sponsan proceedings.	provide a course for Clark	of m -Sex ide (use: narria (Sp locu	age (i	f still or t tatio cal pon co	mail mail mail mail mail mail mail mail	rried Cost f (1) ider) and han Cof-p	write of I the dur /or (Walr oocke	toda out-c iing 1 hart et He	hasi of-p the e co	date ockes Settl sst thing to Car	or "F He tt He at w he S e Co	alth Class accettler	Care ass I tuall ment	Costa Period y paid Class ne cos
. <u>p</u>	Pocuo	Name of If yes, plants of menting year year (January to purchase) of purchase	Spouse ease property of the Cour Sanda hase a handary asing a the sanda the sanda esubn	Out-ome-Seath 1, 20, healt	the of f-Poor x Sp f-Poor x Sp deceninsur 11 to h ins	cket couse r a L as cha nber rance o Dece	of y Hea cong argee 31, 2 pol eemb	vour For ed (b) 2013 icy f oer 3 oolicy the	Care Care Care Care Care Cut w B), income of your your y dur Settl	laim, hich veludin our sa 13). Ying the ement	you you you me-s	Enc Your S must not for y medical ex sport an pro-	provide cal, douse for Cla	of m -Sex detection by lentar documents From	narria (x Sp docu / a 1 ll or an elerio	age (i ouse mendi visio entity d, bu	f still or t tatic cal p on co y other	mainthe (rried Cost f (1) and han '-of-p	write of I the dur /or (Walr oocko t reco	toda out-cource out-cuing the	hasi of-pathe e coduri	date oocke Settl ost thing to Carayme	or "F He tt He at w he S ee Co ent fo	alth Class accettler sists and both our both	Care ass I tuall ment and the the ty	Costa Period y paid Class ne cos pes o
. <u>P</u>	Pocuo	Name of If yes, plus Date of mumentin Cy for You Granuary to purchase Period (January	Spouse ease property arriage a pane-sex 1, 201 ase a hanuary asing a the same esubnition.	Out-ome-Seath (1, 20) healt me monitting	the of f-Poor x Spant for the was become was become insured in the formula of the control of the	cket couse r a L as cha anber rance o Decourance s) durance etype	Head and some some some some some some some some	Note that the state of the stat	Care Care Care Care Care Cut w B), incomo 1, 20 y dur Settl f out	laim, hich veludin our sa 13). Ying the ement	you you you were g any me-s You c e Set Classocket	Enc Your S must not for y medical ex sport an pro- titlements Peri Healt	provide cal, double cal, double cal, double cal, double cal, do cal, d	of m -Sex dide (c) lentar documents F	narria (x Sp. document) and or an original or an original or an original or an original origi	age (iouse) men medi visio d, bu of yo	f still or t tatic cal p on co y other on of at you ur s	mainthe () Don of oprove sts, are to the country of the country o	rried Cost f (1) ider) and han '-of-p nnot	write of I the dur /or (Walr oocko	toda out-out-out-out-out-out-out-out-out-out-	hasi beauth a pa	date oocke Settl st thing to Carayme	or "Fa He tt He eme at whee Se Coent for ovidate of the second of the se	alth Class accettler bor both	Care ass I tually ment that the type of the that the type of the type of the that the type of the that the type of typ	Cost: Period y paid Class ne cos pes o
. <u>P</u>	Pocuo	Name of If yes, plant of Period (January to purchase for If you arinformation out-	Spouse ease properties of the Cour San the san	ovide covide	the of f-Poole was Spat for insuring the ins	cket dates cket dates r a L dates cance dates curance durance curance durance curance curance	Head arged 31, 22 polleemble ce pring statistics of 62 Co	No N	Care	laim, hich veludin our sa 13). Ye ing the ement of the control of	you you were g any me-s (ou c e Set Class ocket	Enc Your S must not for y medi- ex spo- an pro- ttlements Peri Healt	provide cal, douse for Classing re-	of mode of the by lentation of the control of the c	use: narria Sp locu y a 1 dor an of	men medi visic entity d, bu	f still or t tatio cal property other or of	mai mai the Con o o o o o o o o o o o o o o o o o o	rried Cost f (1) ider) and han -of-p nnon -sex	write of I the dur /or (Walr ook t reco	toda Purc toda Purc out-c ing 1 et He et He eive burse, p	hasi of-p the e co duri ealth a pa	date ockers set thing to a Carayme	or "F He tt He eme at w he S e Co ent fo	alth Class accettler sts and the the enoteder a	Care ass I tually ment that the ty	Cost: Period y paid Class ne cos pes o lowing
. <u>P</u>	Pocuo	Name of If yes, plant of the work of the w	Spouse ease property arriage a party as a hanuary asing a the same esubmition.	Out-ome-Seath (1, 20) health (me monitting)	the ox Spat for e was become insurable to the insurable t	cket ouse r a L as change of Decourance of Union of State of Care uran	Head arged 31, 2 polleemble ce pring matati	No N	Care Care Care Care Care Cout w Control C	laim, hich veludin our sa 13). You ing the ement a cket Haich you will it	you you were g any me-s you ce Set Class ocket	Ence Your S must not for y medican procedures Perio Healt a Care te seek teceive	provide cal, douse for Classing rearrange.	of m -Sex ide (c) lenta from docu for v eimb men	use: narria Sp locu / a 1 l or an o umeric course whice	age (iouse) men medi visic entity d, bu of you h you emer reim	f still or t tatio cal property other of the control are the cat we about	mai mai the Con o o o o o o o o o o o o o o o o o o	rried Cost f (1) ider) and han -of-p nnnot -sex king not heent of	write of I the dur /or (Walr ocke tree spon	toda Purc out-ouing to the	hasi of-p the e co duri ealth a pa	date ockers Settl ost thing to Carry met. Fiveree Alis	or "F He the He ement whe S e Count for rovid	alth Class accepted the enoted der a execution	Care ass I tually ment that the type of the that was a followed in the two that the type of the that the type of the that the that the type of type of the type of	Cost: Period y paid Class ne cos pes o owing at if the health
. <u>P</u>	Pocuo	Name of If yes, plant of the work of the w	Spouse ease properties of the Cour San the san	Out-ome-Seath (1, 20) health (me monitting)	the ox Spat for e was become insurable to the insurable t	cket ouse r a L as change of Decourance of Union of State of Care uran	Head arged 31, 2 polleemble ce pring matati	No N	Care Care Care Care Care Cout w Control C	laim, hich veludin our sa 13). You ing the ement a cket Haich you will it	you you were g any me-s you ce Set Class ocket	Ence Your S must not for y medican procedures Perio Healt a Care te seek teceive	provide cal, douse for Classing rearrange.	of m -Sex ide (c) lenta from docu for v eimb men	use: narria Sp locu / a 1 l or an o umeric course whice	age (iouse men medi visic entity d, bu of you h you emer reim	f still or t tatio cal property other of the control are the cat we about	mai mai the Con o o o o o o o o o o o o o o o o o o	rried Cost f (1) ider) and han -of-p nnnot -sex king not heent of	write of I the dur /or (Walr ocke tree spon	toda Purc out-ouing to the	hasi of-p the e co duri ealth a pa	date ockers Settl ost thing to Carry met. Fiveree Alis	or "F He the He ement whe S e Count for rovid	alth Class accepted the enoted der a execution	Care ass I tually ment that the type of the that was a following that the type of the that the type of the that the type of type of the type of ty	Cost: Period y paid Class ne cos pes o owing at if the health



									011
								20	012
								20	013
	w much were the	e total ch	arges for o	out-of-pocket	Health Care Co	osts?			
\$									
	ase confirm that dical provider.	the out-o	of-pocket I	Health Care C	osts you are se	eking reimbu	irsement for	have NOT been	n forgiven by
	(please fill in th	he circle)	○ Yes, t	the costs have	NOT been forg	given.			
			\bigcirc No, s	some or all of	the costs HAVE	E been forgiv	en		
	If NO, what poi	rtion of th	he total ch	arges were for	rgiven				
\$									
	ease confirm that ntal services that on.								
	(please fill in th	he circle)		the costs were	•	ervices in mo	onths when n	ny spouse was	NOT enrolled
				the costs were Health Insura	e charged for s	services in n	nonths when	my spouse W	AS enrolled i
	If NO, please	state the	months ye	our same-sex		enrolled in a	medical Hed	alth Insurance	Plan during
	If NO, please s Settlement Clas			our same-sex		nrolled in a	medical Hed	alth Insurance	
				our same-sex		enrolled in a	medical Hed	alth Insurance	20
				our same-sex		enrolled in a	medical Hed	alth Insurance	20
•	Settlement Clas	ss Period	1:		spouse WAS e				20 20 20
		ss Period documen	l: ntation of t		spouse WAS e				20 20 20
<i>rovide</i> Wh	Settlement Class are submitting is the following in that months was y	ss Period documen nformatic	tation of t	the cost of pu	spouse WAS e	alth insuran	ce policy for	your same-se	20 20 20 ex spouse, ple
ovide Wh	Settlement Class	ss Period documen nformatic	tation of t	the cost of pu	spouse WAS e	alth insuran	ce policy for	your same-se	20 20 20 20 20 20 20 20 20 20 20 20 20 2
ovide Wh	Settlement Class are submitting is the following in that months was y	ss Period documen nformatic	tation of t	the cost of pu	spouse WAS e	alth insuran	ce policy for	your same-se	20 20 20 2x spouse, ple ng the Settlem 20
ovide Wh	Settlement Class are submitting is the following in that months was y	ss Period documen nformatic	tation of t	the cost of pu	spouse WAS e	alth insuran	ce policy for	your same-se	20 20 20 20 20 20 20 20 20 20 20 20 20 2
wh Wh Cla	are submitting in the following in the mat months was years Period?	documen nformatio	ntation of toon. e-sex spou	the cost of pu	spouse WAS e	alth insuran	ce policy for	r your same-se	20 20 20 20 20 20 20 20 20 20 20 20 20 2
wh Cla	Settlement Class are submitting is the following in that months was y	documen nformation your same	atation of ton. e-sex spous	the cost of pu	spouse WAS e	alth insuran	ce policy for	r your same-se	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Wh Cla How the	are submitting of the following in the mat months was years Period? w much did you Settlement Class	documen nformation your same	atation of ton. e-sex spous	the cost of pu	spouse WAS e	alth insuran	ce policy for	r your same-se	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Wh Cla	are submitting of the following in the following in the same at months was years Period? w much did you Settlement Clas	documen nformation your same	atation of ton. e-sex spous	the cost of pu	spouse WAS e	alth insuran	ce policy for	r your same-se	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Who Cla	are submitting of the following in the mat months was years Period? w much did you Settlement Clas	documen nformation your same	atation of ton. e-sex spous	the cost of put use covered by ually pay to pu	spouse WAS e	alth insuran	ce policy for	r your same-se	20 20 20 20 20 20 20 20 20 20 20 20 20 2

Approximately what months were the health care services provided in the following years of the Settlement Class Period?



April 18, 2017.

5. <u>Determination by the Claims Administrator</u>

After your Long Form Claim is submitted, the Claims Administrator will make a determination about the amount of your out-of-pocket Health Care Costs or cost of purchasing a health insurance policy that will be accepted for the purpose of the payment that you may be entitled to receive under the Settlement. After the determination is made, you will receive a copy of the Claims Administrator's determination of your Long Form Claim, and you then will have an opportunity to ask the Claims Administrator to reconsider its determination by describing why the determination should be modified. Upon a showing of good cause for reconsidering the determination, the Claims Administrator may modify the determination.

6. No Assignment of Claims

By signing below, I verify that I have not assigned any of the claims described above.

7. Medical Liens

By signing below, I verify that I am not subject to any medical liens arising out of any claims that are the subject of this Settlement. (If you are subject to any medical liens, please contact the Claims Administrator)

8. Authorization to Disclose Protected Health Information

By signing below, I provide my authorization to the Claims Administrator, Class Counsel, and Walmart's counsel to receive the information requested by this Claim Form, including any information that may be protected health information. Any personal information that I provide through this Claim Form shall be treated as confidential and shall be handled pursuant to the Protective Order approved by the Court in this case.

9. Signature

DECLARE UNDER PENALIT OF PERJURT THAT THE FOREGOD	NG IS TRUE AND CURRECT.
Signature:	Dated:
Print Name:	

SEND TO THE CLAIMS ADMINISTRATOR AT:

Cote v. Wal-Mart Stores, Inc. Claims Administrator P.O. Box 43415 Providence, RI 02940-3415 Fax: 1-877-839-2878

Email: WalmartSameSexSpouseBenefitsSettlement@kccllc.com

THIS FORM MUST BE MAILED BY U.S. FIRST CLASS MAIL, POSTMARKED OR RECEIVED BY FAX, EMAIL OR FILED ELECTRONICALLY NO LATER THAN:

March 20, 2017.

ANY SUPPORTING DOCUMENTATION TO SUPPORT YOUR LONG FORM CLAIM MUST BE MAILED BY U.S. FIRST CLASS MAIL, POSTMARKED OR RECEIVED BY FAX, EMAIL OR UPLOADED TO THE SETTLEMENT WEBSITE NO LATER THAN:

April 18, 2017.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS.
YOU MAY WISH TO REQUEST A RETURN RECEIPT FROM THE POST OFFICE.

