

**Your claim  
must be  
submitted by:  
MARCH 12,  
2026**

*Jane Doe I and Jane Doe II v. Family Planning Associates  
Medical Group, Inc., Case No. 23CV037304  
(Superior Court of the State of California, County of  
Alameda)*

**Website for submission:  
[www.FPAsettlement.com](http://www.FPAsettlement.com)**

## **Claim Form**

This Claim Form is for Settlement Class Members. The Settlement Class Members are individuals who are citizens of California and who used the FPA Women's Health website at any time between June 29, 2019 and May 14, 2024, to make an appointment.

### **TO RECEIVE PAYMENT FROM THE SETTLEMENT AND TO RECEIVE \$100 RESTITUTION IN THE FORM OF A VOUCHER YOU MUST COMPLETE AND SUBMIT THIS FORM.**

1. There are two ways to submit this Claim Form to the Settlement Administrator: (a) online at [www.FPAsettlement.com](http://www.FPAsettlement.com) or (b) by U.S. mail to the following address: Jane Doe I v. Family Planning Associates Medical Group, Inc. c/o 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

**Deadline:** If you submit your Claim Form by U.S. Mail, the completed and signed Claim Form must be postmarked by **March 12, 2026**. If you submit your Claim Form online, you must do so by 11:59 p.m. PT on **March 12, 2026**.

2. If you have any questions, please contact the Settlement Administrator by email at [info@FPAsettlement.com](mailto:info@FPAsettlement.com), by telephone 1-844-314-4124 or by U.S. mail at the address listed above.
3. If you would like to receive an electronic payment, please submit your Claim Form electronically at [www.FPAsettlement.com](http://www.FPAsettlement.com).

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### **I. CLASS MEMBER NAME AND CONTACT INFORMATION**

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Provide below your name, mailing address, 10-digit telephone number, email address associated with your FPA account, and the unique Settlement Class Member Identification Number listed on the settlement notice you received via email or mailed notice. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

**First Name**

**Last Name**

**Street Address**

**City**

**State**

**Zip Code**

**Phone Number**

**Email Address for FPA Account or  
other Email address**

**Settlement Class Member ID #**

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### III. PAYMENT OPTIONS

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Please select from one of the following payment options to receive your cash payment:

**PayPal** - Enter your PayPal email address: \_\_\_\_\_

**Venmo** - Enter the mobile number associated with your account: \_\_\_\_\_

**Zelle** - Enter the mobile number or email address associated with your account:

Mobile Number: \_\_\_\_\_ or Email Address: \_\_\_\_\_

**Virtual Prepaid Card** - Enter your email address: \_\_\_\_\_

**Check** - Enter your mailing address: \_\_\_\_\_

**Class members who submit a claim form that is accepted will also receive a \$100 voucher that will be credited to their account for future services for a period of up to 2 years.**

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### IV. SIGN AND DATE YOUR CLAIM FORM

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Your signature \_\_\_\_\_

Date: \_\_\_\_\_

MM DD YYYY

Your name \_\_\_\_\_

#### **REMINDER CHECKLIST**

1. Please make sure you completed all parts of the Claim Form.
2. Please Note: If you would like to receive an electronic payment, please submit your Claim Form electronically at [www.FPAsettlement.com](http://www.FPAsettlement.com).
3. Please make sure that you signed and dated the Claim Form.
4. Please keep a copy of your completed Claim Form for your own records.
5. Please submit your completed claim Form online at [www.FPAsettlement.com](http://www.FPAsettlement.com) OR by mail by **March 12, 2026**.