

**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

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 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, 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.

I. CLASS MEMBER NAME AND CONTACT INFORMATION

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 #

III. PAYMENT OPTIONS

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.

IV. SIGN AND DATE YOUR CLAIM FORM

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.
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 OR by mail by **March 12, 2026**.