PROOF OF CLAIM

Progressive Health and Rehab Corp. v. Indegene Inc. et al.
Case No.:1:20-cv-10106

*You Must Complete All **THREE** Steps to Claim a Share of the Settlement Fund:*

1. You Must Provide Your Contact Information.

Name: _____

Company: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Fax Number(s): _____
[List all numbers. You may attach a separate sheet.]

2. You Must Verify Ownership of the Fax Number(s) Listed in #1 above:

a. "The fax number(s) identified above or attached to this Proof of Claim was/were mine or my company's during February, 2020." I certify under penalty of perjury that the information is true to the best of my knowledge and belief.

_____
(Sign your name here)

OR

b. "The fax number(s) identified in No. 1 above or attached to this Proof of Claim was not/were not mine or my company's during February 7, 2020." Explain when you obtained the fax number(s) identified in No. 1 above or attached to this Proof of Claim: _____

_____

_____

_____
(Sign your name here)

3. You Must Return this Claim Form on or before December 9, 2026:

a. Fax this Claim Form to: 952-997-0136

OR

b. Mail this Claim Form to: Progressive v Indegene, Inc.
c/o Analytics Consulting LLC
PO Box 2007
Chanhassen, MN 55317-2007

OR

c. Submit your Claim electronically at www.IndegeneTCPASettlement.com