

Must be received online or postmarked by mail no later than November 8, 2019.

USC STUDENT HEALTH CENTER SETTLEMENT
 C/O JND LEGAL ADMINISTRATION
 P.O. BOX 91233
 SEATTLE, WA 98111-9333
WWW.USCTYNDALLSETTLEMENT.COM

USC

You may submit your **Statement of Settlement Class Membership Form Online** at www.USCTyndallSettlement.com

STATEMENT OF SETTLEMENT CLASS MEMBERSHIP FORM



If you received a Settlement Notice by mail or email containing a Claimant ID Number, you do not need to complete this Form.

If you did not receive a Settlement Notice by mail or email containing a Claimant ID Number, you must complete this Form if you were a patient of Dr. George Tyndall at the University of Southern California ("USC") Student Health Center any time between August 14, 1989 and June 21, 2016 and you are claiming eligibility as a Settlement Class Member.

THIS IS NOT A CLAIM FORM. IF YOU WISH TO SUBMIT A TIER 2 OR TIER 3 CLAIM, YOU MUST FILL OUT A CLAIM FORM, available at www.USCTyndallSettlement.com.

PART A. CLAIMANT INFORMATION

(Please complete Sections 1 through 10 below)

1. CLAIMANT NAME:	First	Middle	Last
2. FORMER OR MAIDEN NAME (STUDENT NAME):			
3. DATE OF BIRTH:	_____	_____	_____
	Month	Day	Year
4. SOCIAL SECURITY NUMBER, TAXPAYER ID OR FOREIGN ID NUMBER (IF NOT A U.S. CITIZEN):	_____ - _____ - _____ or _____		
5. CURRENT ADDRESS:	Street Address (including apartment/unit number, if applicable)		
	City	State/Province	Postal Code
	Country		

QUESTIONS? CALL TOLL FREE 1-888-663-1718 (USA AND CANADA), +1-800-953-0227 (MEXICO), +800-666-64001 (INTERNATIONAL), 1-080-0140-2826 (CHINA MOBILE SOUTH), 1-080-0714-2807 (CHINA MOBILE NORTH), EMAIL INFO@USCTYNDALLSETTLEMENT.COM, OR VISIT WWW.USCTYNDALLSETTLEMENT.COM.

6. TELEPHONE NUMBER:	(<u> </u> <u> </u> <u> </u> <u> </u>) - (<u> </u> <u> </u> <u> </u> <u> </u>) - <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> Country Code (if outside the United States) Area Code Number
7. EMAIL ADDRESS:	
8. DATES ENROLLED AT USC:	From: _____ To: _____ Month and Year Month and Year School/Department: _____
9. IS ENGLISH YOUR FIRST LANGUAGE?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
10. IF YOU ANSWERED "NO" TO QUESTION 9, WHAT IS YOUR FIRST/NATIVE LANGUAGE?	_____

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PART B. CLAIMANT STATEMENT

(Please fill-in the applicable dates and check boxes below)

During the period from **August 14, 1989, and June 21, 2016**, I was seen for treatment by Dr. George Tyndall at the University of Southern California Student Health Center (a) for Women's Health Issues, or (b) whose treatment by Dr. George M. Tyndall included an examination by him of my breast or genital areas, or (c) whose treatment included the taking of photographs or videotapes of my unclothed or partially clothed body. "Women's Health Issues" includes but is not limited to any issue relating to breast, vaginal, urinary tract, bowel, gynecological, or sexual health, including contraception and fertility. A list of Women's Health Issues is available on the Settlement Website at www.USCTyndallSettlement.com.

Therefore, I hereby claim to be a USC Student Health Center Settlement Class Member.

Specifically, my visit(s) with Dr. Tyndall occurred on or about the following date(s):

Month/Day/Year

Month/Day/Year

Month/Day/Year

Month/Day/Year

1. I was an undergraduate or graduate student at USC at the time of (at least one of) the above visit(s).

If you checked box "1", please provide your USC Student ID Number below (if you know it):

USC ID Number

2. I was not a student at USC at the time of (any of) the above visit(s).

If you checked box "2", please describe the circumstances below under which you came to be treated at the USC Student Health Center:

Note to Claimants: The Settlement Administrator may contact you to request additional information to verify your eligibility if necessary.

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PART C. CLAIMANT SIGNATURE

(You must print your full name, sign, and date on the lines below)

By signing below, I declare under penalty of perjury that all of the information provided in this Statement of Settlement Class Membership Form is true and complete to the best of my knowledge; (2) I do not object to any resulting disclosures or to the resolution of any potential Liens on my behalf; and (3) I understand that false or misleading information may result in the rejection of my Claim.

Signature

Printed Full Name (First, Middle, and Last)

____/____/____
Date (Month/Day/Year)

You may file this Statement of Settlement Class Membership Form by mailing to the Settlement Administrator at USC Student Health Center Settlement, c/o JND Legal Administration, P.O. Box 91233, Seattle, WA 98111-9333 or you may file this form online through the Settlement Website at www.USCTyndallSettlement.com.

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