

DEMAND FOR MASS ARBITRATION

Claimant(s):	Claimant(s) Attorney (if applicable):
Name: Kaiser Member Record Number: Address: Telephone: Email:	Name: Law Firm: Address: Telephone: Email:

List Southern California Respondent(s) (if applicable): See OIA Rule 8	List Northern California Respondent(s) (if applicable): See OIA Rule 8

Describe Basis of Claim(s) and Amount of Damages Sought (Attach additional pages, if necessary):

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Unrepresented Claimant or Attorney Signature:

By signing below, I affirm that the information provided herein is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____