

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT
Form 1. Notice of Appeal from a Judgment or Order of a
United States District Court**

Name of U.S. District Court:

U.S. District Court case number:

Date case was first filed in U.S. District Court:

Date of judgment or order you are appealing:

Fee paid for appeal? (*appeal fees are paid at the U.S. District Court*)

Yes No IFP was granted by U.S. District Court

List all Appellants (*List each party filing the appeal. Do not use "et al." or other abbreviations.*)

UnitedHealth Group, Inc.; UnitedHealthcare, Inc.; United Healthcare Insurance Company; United HealthCare Services, Inc.; UMR, Inc.

Is this a cross-appeal? Yes No

If Yes, what is the first appeal case number?

Was there a previous appeal in this case? Yes No

If Yes, what is the prior appeal case number?

Your mailing address:

Reed Smith LLP, 101 Second Street, Suite 1800

City: State: Zip Code:

Prisoner Inmate or A Number (if applicable):

Signature **Date**

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 6. Representation Statement

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>

Appellant(s) (*List each party filing the appeal, do not use "et al." or other abbreviations.*)

Name(s) of party/parties:

UnitedHealth Group, Inc.; UnitedHealthcare, Inc.; United Healthcare Insurance Company; United HealthCare Services, Inc.; UMR, Inc.

Name(s) of counsel (if any):

Raymond A. Cardozo

Address: 101 Second St., Suite 1800, San Francisco, CA 94105

Telephone number(s): 415-543-8700

Email(s): rcardozo@reedsmith.com

Is counsel registered for Electronic Filing in the 9th Circuit? Yes No

Appellee(s) (*List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.*)

Name(s) of party/parties:

Rachel Condry; Jance Hoy; Christine Endicott; Laura Bishop; Felicity Barber; Rachel Carroll, on behalf of themselves and all others similarly situated

Name(s) of counsel (if any):

Kimberly M. Donaldson Smith

Address: 361 W. Lancaster Avenue, Haverford, PA 19041

Telephone number(s): 610-642-8500

Email(s): kds@chimicles.com

To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: *(attach additional pages as necessary)*

Appellants

Name(s) of party/parties:

Name(s) of counsel (if any):

Please see attached page for additional counsel for Appellants

Address:

Telephone number(s):

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? Yes No

Appellees

Name(s) of party/parties:

Name(s) of counsel (if any):

Please attached page for additional counsel for Appellees

Address:

Telephone number(s):

Email(s):

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

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Form 6. Representation Statement

Addendum

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