U.S. Department of Labor

**Employment and Training Administration** 

OMB No. 1205-0342 Expires: 3/31/2016



## Petition for Trade Adjustment Assistance (TAA)

## Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same firm completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	8	Petitioner 1	Petitioner 2	Petitioner 3		
a)	Name	Ryan Kenney				
b)	Title	Director Human Resources			_	
C)	Street Address	200 Market St			***	
	City	Portland				
-	State, Zip	OR, 97201			-	
d)	Phone - Main	503-499-1388	· ·	**************************************		
e)	Phone - Alternate		• • • • • • • • • • • • • • • • • • •	> 1 (60)		
ŋ	E-mail	Ryan.kennsy@cambiahealth.c	-	-		
g)	Worker Separation Date	Varies				
h)	Petitioner Type; (please check one)	Three Workers : State Workforce Office	Company Official American Job Center	Union Official : (Union Name		
ij	Describe the worker group	escribe the worker group on whose behalf this petition is being filed: Claims Service Analysts				

### Section 2. Workers' Firm

Provide information on the firm employing the worker group. Complete items (a) – (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) – (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and American Job Centers may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

	n their State. If you choose to file on behalf of workers at more than o	ne location, please attach additional sheets as necessary.	
-	ployer (Firm)		
B)	Name of Firm	Cambia Health Solutions, Inc.	
b)	Street Address	190 SVV Markel St.	
	City	Portland	
	State, Zip	OR, 97201	
c)	Phone	503-499-1368	
d)	Website (if known)	www.cambiahealth.com	
e)	Describe the article produced or service supplied by this firm	Health Insurance	
Ð	How many workers have been or may be separated (if known)?	Approximately 50 positions throughout all Cambia locations	
9)	is the firm or any part of the firm closing (if known)? If yes, when?	No	
If th	e workers work at a location that is different from that listed in item a)	and b), then fill out items b) through m) for that location:	
h)	Name of Firm	Cambia Health Solutions, Inc.	
i)	Street Address	1802 21 <sup>st</sup> Ave	
	City	Lewiston	
	State, Zip	ID, 83501	
i)	Phone	THE PROPERTY OF THE PROPERTY O	
k)	Describe the article produced or service supplied by this firm		
1)	How many workers have been or may be separated (if known)?	Approximately 50 positions throughout all Cambia locations	
m)	is the firm or any part of the firm closing (if known)? If yes, when?	No	

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For more information, visit our Web site at http://www.dolata.gov/tradeact

ETA-9042

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## Section 3. Trade Effects on Separations

i. To the bast of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/s being shifted to a foreign country, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

The	Claims division of Cambia He	alth Solutions processes health insurance claims. Po	ortions of the cishes processing work are being	
outse	burced to a US company with	subsidiary operations in India. The result will be the	loss of work currently performed by 55 Claims	
empl	oyees by the end of the year.	with replacement workers based in India. The worke	r group includes workers engaged in activities in	
the s	upply of claims and adjustme	nt services.		
15 CI	you possess any additional in gible for TAA benefits, submi nation or supporting documen	formation or documents that you believe may assist tit as an attachment to the Petition Form. Check thats.	in the determination of whether the worker group se box below if you have attached any additional	
	☐ I have af	tached additional information or supporting documen	ts.	
3. Pri toget locat	ner, mese omciais snould be	we company officials, one of whom should be a disidential and the following: employment, job fundaments are the following:	rcated worker's supervisor. Either separately or chons, and sales or production at each job	
	3	Official 1	Official 2	
a)	Name	Lisa Oman	Patricia Amos	
b)	Title	Mgr & Sr Associate General Counsel	Director Claims Service	
c)	Phone - Main	208-332-5051	208-798-2403	
d)	Phone - Alternate			
e)	Fax			
f)	E-mail	Lisa.oman@camblahealth.com	Patricia.amos@cambiahealth.com	
Sec	tion 4. Affirmation of Ir	nformation	74	
Know USC dated	workingly falsifying any information § 2316). For this petition to By signing below, you agree	nis petition form will be used for the purposes of de did the general public that the petition has been f an on this Petition Form is a Federal offense (18 US be valid, each of the petitioners listed in Question 1 to the following statements:	iled and whether the worker group is eligible. SC § 1001) and a violation of the Trade Act (19 must sign below and the Pelition Form must be	
3)	0 1			
<b>b</b> }	Name (Print)	Ryan Kenney		
C)	Date of Petition	7/18/13		

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#### Additional impacted Locations:

Cambia Health Solutions, Inc. 2057 Commerce Dr Medford, OR 97504

Cambia Health Solutions, Inc. 2880 E Cotton Pkwy Salt Lake City, UT 84121

Cembie Health Solutions, Inc. 1800 Ninth Ave Seattle, WA 98101

Cambie Health Solutions, Inc. 1501 Market St Tacoma, WA 95402