

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.

	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			
f) E-mail	Ryan.kenney@cambiahealth.com		
g) Worker Separation Date	Varies		
h) Petitioner Type:	Three Workers <input checked="" type="checkbox"/>	Company Official <input type="checkbox"/>	Union Official : (Union Name _____) <input type="checkbox"/>
(please check one)	State Workforce Office <input type="checkbox"/>	American Job Center <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe 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.

Employer (Firm)

a) Name of Firm	Cambia Health Solutions, Inc.
b) Street Address	180 SW Market St.
City	Portland
State, Zip	OR, 97201
c) Phone	503-499-1388
d) Website (if known)	www.cambiahealth.com
e) Describe the article produced or service supplied by this firm	Health Insurance
f) How many workers have been or may be separated (if known)?	Approximately 50 positions throughout all Cambia locations
g) Is the firm or any part of the firm closing (if known)? If yes, when?	No

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm	Cambia Health Solutions, Inc.
i) Street Address	1602 21 <sup>st</sup> Ave
City	Lewiston
State, Zip	ID, 83501
j) Phone	
k) Describe the article produced or service supplied by this firm	
l) 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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**Additional Impacted Locations:**

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

Cambia Health Solutions, Inc.  
2890 E Cotton Pkwy  
Salt Lake City, UT 84121

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

Cambia Health Solutions, Inc.  
1501 Market St  
Tacoma, WA 98402