

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and Section II of the Settlement Agreement (available at www.VMMCSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include: out-of-pocket expenses that you had to pay as a result of the Data Incident, time you had to spend dealing with the effects of the Data Incident, and up to two years of credit monitoring and identity protection services. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

A. Claim up to 2-years of credit monitoring and identity protection services.

The Settlement requires Virginia Mason Medical Center to provide up to two-years of credit monitoring and identity protection services to any class member who timely claims it.

I would like to claim 2-years of credit monitoring and identity protection services.

B. Between one and three hours of documented time spent dealing with the Data Incident.

I certify that I spent time dealing with the effects of the Data Incident.

Examples – You spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. You spent at least one full hour rescheduling medical appointments and/or finding alternative medical care and treatment, retaking or submitting to medical tests, locating medical records, retracing medical history as a result of the Data Incident.

I certify that the following amount of time in response to the Data incident:

1 Hour

2 Hours

3 Hours

To recover for lost time under this section, you must select one of the boxes above or provide a narrative description of the activities performed during the claimed time.

Check all activities, below, which apply

Time spent obtaining credit reports.

Time spent dealing with a credit freeze.

Time spent dealing with bank or credit card fee issues.

Time spent monitoring accounts.

Time spent updating automatic payment programs because your card number changed.

Other. (Please provide description(s) below.)

C. Ordinary Out-of-Pocket Expenses Resulting from the Data Incident.

I incurred unreimbursed charges incurred as a result of the Data Incident.

Examples - unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after January 16, 2022 through August 7, 2023; and miscellaneous expenses such as notary, fax, postage, copying, mileage and long-distance telephone charges, that were incurred on or after January 16, 2022 through August 7, 2023. Other examples include: fees for credit reports, credit monitoring, or other identity theft insurance products purchased between January 16, 2022 and August 7, 2023.

Total amount for this category: \$.

Briefly describe the charges you have claimed below:

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between January 16, 2022 through August 7, 2023, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose).

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

D. Extraordinary Out-of-Pocket Expenses Resulting from the Data Incident.

I incurred unreimbursed expenses resulting from identity theft or fraud.

Total amount for this category: \$.

Attach a copy of statements that demonstrate that identity theft or fraud occurred and any correspondence showing that you reported the fraud. If you do not have anything in writing, tell us the approximate date that you reported and to whom you reported the fraud.

You may mark out any information that is not relevant to your claim before sending in the documentation.

Date reported: / /

Description of the person(s) to whom you reported the fraud and the documents provided to demonstrate that identity theft or fraud occurred.

Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.

3. SIGN AND DATE YOUR CLAIM FORM.

I declare that the information supplied in this claim form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature

Print Name

Date

4. REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement website at www.VMMCSettlement.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
3. For more information, please visit the settlement website at www.VMMCSettlement.com or call the Claims Administrator at 1-844-701-1097. Please do not call the Court or the Clerk of the Court for additional information.
4. This claim form must be postmarked by **August 7, 2023** and mailed to: P.O. Box 3274, Baton Rouge, LA 70821.