

BJC Healthcare SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you were notified by mail of the Data Incident announced by BJC Health System d/b/a BJC Healthcare (“BJC”) in 2020, and you had unreimbursed out-of-pocket expenses, unreimbursed extraordinary monetary losses, or lost time dealing with the aftermath of the Data Incident. You may get a check if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options. To obtain the Settlement Notice and find more information regarding your legal rights and options, please visit the official Settlement Website, www.bjcdataincident.com, or call toll-free 1-866-742-4955

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, www.bjcdataincident.com, and follow the instructions on the “Submit a Claim” page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to BJC Claims Administrator, c/o RG/2 Claims Administration LLC, PO Box 59479, Philadelphia, PA 19102-9479 , postmarked by **December 14, 2022**. Please print clearly in blue or black ink.

1. CLASS MEMBER INFORMATION

Required Information:

First: _____ M: _____ Last: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Country: _____

Phone: _____

E-mail: _____

2. PAYMENT ELIGIBILITY INFORMATION

To prepare for this section of the Claim Form, please review the Settlement Notice and the Settlement Agreement (available for download at www.bjcdataincident.com for more information on who is eligible for a payment and the nature of the expenses or losses that can be

claimed.

To help us determine if you are entitled to a settlement payment, please provide as much information as possible.

A. Verification of Class Membership

You are only eligible to file a claim if you are a person to whom BJC sent notification that personal information and/or protected health information may have been or was exposed to unauthorized third parties as a result of the Data Incident occurring on March 6, 2020.

By submitting a claim and signing the certification below, you are verifying that you were notified by mail of the Data Incident announced by BJC in May of 2020.

In addition, to allow the Claims Administrator to confirm your membership in the Class, you must provide either:

(1) The unique identifier provided in the Notice you received by postcard or e-mail;

or

(2) name and physical address you provided to BJC for healthcare or employment related purposes.

Thus, please **EITHER**:

(1) Provide the unique identifier provided in the Notice you received:
_____.

OR

(2) Provide your name _____ and physical address you provided to BJC for healthcare or employment related purposes:
_____.

B. Out-Of-Pocket Expenses

Check the box for each category of out-of-pocket expenses or lost time that you incurred as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and attach the required documentation as described in **bold type** (if you are asked to provide account statements as part of required proof for any part of your claim, you may redact unrelated transactions and all but the first four and last four digits of any account number). Please round total amounts down or up to the nearest dollar.

I. Ordinary Expenses Resulting from the Data Incident

Unreimbursed fees or other charges from your bank or credit card company due incurred on or after March 6, 2020 and December 14, 2022 (the “Claims Deadline”) due to the Data

Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Unreimbursed overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

Required: A copy of a bank of credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the first four and last four digits of any account number)

- Unreimbursed fees relating to your account being frozen or unavailable incurred on or after March 6, 2020 and the Claims Deadline due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

Examples: You were charged interest by a payday lender due to card cancellation or due to an over-limit situation, or you had to pay a fee for a money order or other form of alternative payment because you could not use your debit or credit card, and these charges and payments were not reimbursed.

Required: Attach a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Unreimbursed fees or other charges relating to the reissuance of your credit or debit card incurred on or after March 6, 2020 and the Claims Deadline due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

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Examples: Unreimbursed fees that your bank charged you because you requested a new credit or debit card.

Required: Attach a copy of a bank or credit card statement or other receipt showing these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Other unreimbursed incidental telephone, internet, mileage or postage expenses directly related to the Data Incident incurred on or after March 6, 2020 and the Claims Deadline due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Unreimbursed long distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

Required: Attach a copy of the bill from your telephone company, mobile phone company, or internet service provider that shows the charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Credit Reports or credit monitoring charges purchased on or after March 6, 2020 and the Claims Deadline due to the Data Incident. This category is limited to services purchased primarily as a result of the Data Incident and if purchased on or after March 6, 2020 and the Claims Deadline.

To obtain reimbursement under this category, you must attest to the following:

- I purchased credit reports on or after March 6, 2020 and the Claims Deadline, primarily due to the Data Incident and not for other purposes.

DATE	COST

Examples: The cost of a credit report(s) that you purchased after hearing about the Data Incident.

Required: Attach a copy of a receipt or other proof of purchase for each product or service purchased (you may redact unrelated transactions).

Between one (1) and three (3) hours of documented time spent monitoring accounts or otherwise dealing with the aftermath / clean-up of the Data Incident on or after March 6, 2020 and the Claims Deadline (round down to the nearest hour and check only one box).

1 Hour

2 Hours

3 Hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or e-mails, or on the internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here:

Attestation (You must check the box below to obtain compensation for lost time)

I attest under penalty of perjury that I spent the number of hours claimed above making reasonable efforts to deal with the Data Incident.

II. Extraordinary Expenses

If you have expenses related to the Data Incident that are more than the value or different than the type of ordinary expenses covered in the categories in Section I above, you may be entitled to compensation for your extraordinary expenses. To obtain reimbursement under this category, you must attest to the following:

I incurred out-of-pocket unreimbursed expenses that occurred more likely than not as a result of the Data Incident during the time period on or after March 6, 2020 through the end of the Claims Deadline other than those expenses covered by one or more of the categories above, and I made reasonable efforts to avoid, or seek reimbursement for the loss, including but not limited to exhausting all available credit monitoring insurance and identity theft insurance.

Unreimbursed fraudulent charges incurred on or after March 6, 2020 and the Claims Deadline due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company. *Note: most banks are required to reimburse customer in full for fraudulent charges on payment cards that they issue.*

Required: The bank statement or other documentation reflecting the fraudulent charges, as well as documentation reflecting the fact that the charge was fraudulent (you may redact unrelated transactions and all but the first four and last four digits of any account number). If you do not have anything in writing reflecting the fact that the charge was fraudulent (e.g., communications with your bank or a police report), please identify the approximate date that you reported the fraudulent charge, to whom you reported it, and the response.

Date reported: _____

Description of the person(s) to whom you reported the fraud:

Check this box to confirm that you have exhausted all applicable insurance policies, including but not limited to credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.

Between one (1) and three (3) hours of documented time spent remedying actual documented fraud relating to the Data Incident on or after March 6, 2020 and the Claims Deadline (round down to the nearest hour and check only one box), which has not already been claimed in Section I, above.

1 Hour

2 Hours

3 Hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or e-mails, or on the internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding fraudulent transactions.

- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.

- Time on the internet verifying fraudulent transactions.

- Time on the internet updating automatic payment programs due to new card issuance.

- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.

- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.

- Other. Provide description(s) here:

Required: Attach a copy of any and all receipts, correspondence, confirmations, and other documents supporting the lost time claimed immediately above.

- Other unreimbursed out-of-pocket expenses that were incurred on or after March 6, 2020 and the Claims Deadline as a result of the Data Incident that are not accounted for in your response above.

DATE	DESCRIPTION	AMOUNT

Examples: This category includes any other unreimbursed expenses or charges that are not otherwise accounted for in your answers to the questions above, including any expenses or charges that you believe were the result of an act of identity theft.

Required: Describe the expense, why you believe that it is related to the Data Incident, and provide as much detail as possible about the date you incurred the expense(s) and the company or person to whom you had to pay it. Please provide copies of any receipts, police reports, or other documentation supporting your claim. For claims of reimbursement for lost time, you must provide actual documentation reflecting the amount of time you spent dealing with replacement card issues or in reversing fraudulent charges sufficient to prove how much time was spent, on what, and that the time was spent on issues related to the Data Incident. The Claims Administrator may contact you for additional information before processing your claim.

- Check this box to confirm that you have exhausted all credit monitoring insurance and identity theft insurance you might have for these out-of-pocket expenses before submitting this Claim Form.

III. Credit Monitoring

All Settlement Class Members who submit a valid claim are eligible to receive two (2) years of credit monitoring and restoration protections (“Credit Monitoring Protections”) provided by IDX and paid for by BJC.

Do you wish to sign up for free Credit Monitoring Protections through IDX?

- Yes, I want to sign up to receive free Credit Monitoring Protections.

Email Address: _____

If you select “yes” for this option, you will need to follow instructions and use an activation code that you receive after the Settlement is final. Credit Monitoring Protections will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address or, if you do not have an email address, to your home address.

C. Certification

I declare under penalty of perjury under the laws of the United States 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 at _____ [City], _____ [State] 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.

Print Name: _____

Signature: _____

Date: _____

D. Submission Instruction

Once you’ve completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by **December 14, 2022**.

In Re BJC Healthcare Data Breach Litigation
c/o RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479