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CLAIM FORM FOR HEALTH NET FTA DATA BREACH BENEFITS

Harbour et al. v. California Health & Wellness Plan et al., Case No. 5:21-cv-03322-EJD

USE THIS FORM TO MAKE A CLAIM FOR CREDIT MONITORING AND INSURANCE SERVICES, A CASH FUND PAYMENT, OR A DOCUMENTED LOSS PAYMENT.

*Para una notificación en Español, llamar 855-604-1678 o visitar nuestro sitio web
www.HNFTADataBreachSettlement.com.*

The DEADLINE to submit this Claim Form is: December 22, 2023

I. GENERAL INSTRUCTIONS

If you are an individual who was notified that certain personal information was compromised as a result of a Data Breach impacting the Health Net Defendants' members (the "FTA Data Breach"), you are a Class Member.

As a Class Member, you are eligible to make a claim for **one of the following options**: (1) three years of Credit Monitoring and Identity Theft Insurance Services; or (2) up to a \$10,000 cash payment for reimbursement of Documented Losses that are more likely than not a result of the FTA Data Breach ("Documented Loss Payment") and not otherwise recoverable through insurance; or (3) a Cash Fund Payment, the amount of which will depend on the number of Class Members who participate in the Settlement and who utilized Credit Monitoring or Documented Losses.

The Credit Monitoring and Insurance Services will include, among other things: (i) up to \$1 million dollars of identity theft insurance coverage; and (ii) three bureau credit monitoring providing notice of changes to the Participating Settlement Class Member's credit profile. If you already subscribed to credit monitoring services through another provider, you will have the option to postpone the commencement of the Credit Monitoring and Insurance Services by up to 12 months.

Cash payment amounts may be reduced pro rata (proportionately) or increased pro rata depending on how many Class Members submit claims. Complete information about the Settlement and its benefits are available at www.HNFTADataBreachSettlement.com.

This Claim Form may be submitted online at www.HNFTADataBreachSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Harbour et al. v. California Health & Wellness Plan et al.
P.O. Box 5983
Portland, OR 97228-5983

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II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments and Credit Monitoring and Insurance Services, you must notify the Settlement Administrator in writing at the address above.

First Name

M.I.

Last Name

Mailing Address, Line 1: Street Address/P.O. Box

Mailing Address, Line 2

City

State

ZIP Code

Telephone Number (Home)

Telephone Number (Work)

Email Address

Unique ID Provided on mailed Notice (if known)

You may only select one of the following options:

III. CREDIT MONITORING AND INSURANCE SERVICES

- If you wish to receive Credit Monitoring and Insurance Services, you must check off the box for this section, provide your email address in the space provided in Section II, above, and return this Claim Form. Submitting this Claim Form will not automatically enroll you into Credit Monitoring and Insurance Services. To enroll, you must follow the instructions sent to your email address after the Settlement is approved and becomes final (the "Effective Date").

IV. REIMBURSEMENT FOR DOCUMENTED LOSSES

- Please check off the box for this section if you are electing to seek reimbursement for up to \$10,000 of Documented Losses you incurred that are more likely than not traceable to the FTA Data Breach and are not otherwise reimbursable from insurance. Documented Losses include unreimbursed losses and consequential expenses that are more likely than not related to the FTA Data Breach and incurred on or after January 20, 2021.

In order to make a claim for a Documented Loss Payment, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section VI); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Documented Losses need to be deemed more likely than not due to the FTA Data Breach by the Settlement Administrator based on the documentation you provide and the facts of the FTA Data Breach. **Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.**

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Professional fees incurred in connection with identity theft or falsified tax returns. <i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing. <i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount.</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
Credit freeze <i>Examples: Notices or account statements reflecting payment for a credit freeze</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
Credit monitoring that was ordered after January 20, 2021 through the date on which the Credit Monitoring and Insurance Services become available through this Settlement. <i>Example: Receipts or account statements reflecting purchases made for Credit Monitoring and Insurance Services</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges <i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (e.g., police station, IRS office), indication of why you traveled there (e.g., police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the FTA Data Breach</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

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If you do not submit Reasonable Documentation supporting a Documented Loss Payment claim, or your claim for a Documented Loss Payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, your claim will be considered for a Cash Fund Payment.

V. CASH FUND PAYMENT

If you wish to receive a Cash Fund Payment, you must check off the box for this section, and then simply return this Claim Form. A check will be mailed to the address you provided in Section II, above, as long as the Net Settlement Fund is not depleted by the claims for Credit Monitoring and Insurance Services and Documented Loss Payments.

If you make a claim for payment on this Claim Form, and if your claim and the settlement are finally approved, an email will be sent from noreply@epiqpay.com to the email address you provided on this Claim Form, prompting you to elect your method of payment. Popular electronic payment options such as Venmo and PayPal will be available, or you can elect a check. Please ensure you have provided a current and complete email address. If you do not provide a current and valid email address, the administrator will send you a check to your physical address on file.

**VI. ATTESTATION
(REQUIRED FOR DOCUMENTED LOSS PAYMENT CLAIMS)**

I, _____, declare that I suffered the Documented Losses claimed above.
[Name]

I also attest that the Documented Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of California and of the United States of America that the foregoing is true and correct.

Executed on _____, in _____, _____.
[Date] [City] [State]

[Signature box]

Signature

Date: [MM] - [DD] - [YYYY]

VII. CERTIFICATION

I certify under penalty of perjury, that all the information that I supplied in this Claim Form is true and correct to the best of my knowledge and belief. If I am not the Claimant identified and completed this form on the Claimant's behalf, I further certify that I have the legal authority to do so.

[Signature box]

Signature

Date: [MM] - [DD] - [YYYY]

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