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Martinez, et al. v. Presbyterian Healthcare Services Settlement Class Member Claim Form

Second Judicial District, County of Bernalillo, New Mexico,
No. D-202-CV-2020-01578

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY **MAY 16, 2024** AND MUST BE FULLY COMPLETED, SIGNED UNDER PENALTY OF PERJURY, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT. YOUR FAILURE TO SUBMIT A TIMELY AND COMPLETE CLAIM FORM WILL RESULT IN YOU FORFEITING ANY COMPENSATION AND/OR CREDIT MONITORING BENEFITS FOR WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.

Instructions: Please carefully read the Notice of Class Action Settlement (“Notice”), which is included with this Claim Form. If Presbyterian Healthcare Services (“PHS”) notified you of a Data Incident PHS discovered around June 6, 2019, you may be eligible for benefits from a class action settlement.

If you are eligible for compensation and would like to receive your payment electronically via PayPal, Zelle, eMastercard, Venmo, or ACH, file your Settlement Claim online at www.PHSDataIncidentSettlement.com.

YOU MUST TIMELY COMPLETE AND SUBMIT THIS CLAIM FORM TO BE ELIGIBLE TO RECEIVE COMPENSATION AND/OR CREDIT MONITORING BENEFITS UNDER THE SETTLEMENT. FAILURE TO COMPLETE THIS CLAIM FORM MEANS YOU WILL RECEIVE NO BENEFITS, BUT WILL BE BOUND BY THE COURT’S DISMISSAL AND RELEASE OF CLAIMS AGAINST PHS RELATED TO THE DATA INCIDENT.

If you wish to receive compensation and/or credit monitoring benefits from the settlement, you must take the following steps:

- Complete the “Your Contact Information” section of this Claim Form in black or blue ink or electronically.
- Check the box next to the benefit(s) you are claiming (credit monitoring and/or reimbursement).
- If you are claiming reimbursement, complete the sections relating to the type(s) of reimbursement you are claiming and provide the information and documentation requested in the section(s).
- Sign and date this Claim Form below attesting, under penalty of perjury, that the statements and information you have provided are true and correct to the best of your knowledge and belief.
- Return this Claim Form by the Claims Deadline (**May 16, 2024**) to PHS Settlement, c/o Kroll Settlement Administration, P.O. Box 5324, New York, NY 10150-5324 or online at www.PHSDataIncidentSettlement.com. For questions, visit www.PHSDataIncidentSettlement.com or call (833) 630-6292.

YOUR CONTACT INFORMATION		
Name: _____	_____	_____
First	M.I.	Last
Address 1: _____		
(You must provide a street address. A P.O. Box will not be accepted.)		
Address 2: _____		
_____	_____	_____
City	State	ZIP Code
Current Phone Number: (____) ____ - ____		
(Please provide a phone number where you can be reached if further information is required.)		
Current Email Address: _____ @ _____		
(Please provide an email address where you can be reached for enrollment in the Credit Monitoring Services benefit. If you do not have an email address, you may leave this blank.)		
Class Member ID: 6 0 4 7 5 _____		
(Please provide your Class Member ID, which was included on the postcard notice mailed to you.)		



60475



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Page 1 of 3



604750000000

SETTLEMENT CLASS MEMBERSHIP

By submitting this Claim Form, you attest that you are a Settlement Class Member in this settlement, meaning you were notified by PHS that your personally identifiable information (“PII”) and/or personal health information (“PHI”) was potentially compromised in PHS’s Data Incident.

SETTLEMENT BENEFITS
(check the box next to each benefit you claim)

Credit Monitoring Services

As a Settlement Class Member, you are entitled to receive twelve (12) months of credit monitoring services at no cost to you. The credit monitoring services offered include three-bureau credit monitoring and \$1,000,000 reimbursement insurance covering losses due to identity theft and stolen funds. After you submit a Valid Claim and the settlement becomes Final, you will receive an email from the Claims Administrator with additional information about how to enroll for your credit monitoring services benefit. If you do not have an email address, additional information will be mailed to you via the United States Postal Service. You must elect to enroll in credit monitoring services to receive this benefit. You may claim the credit monitoring services benefit regardless of whether you are claiming reimbursement below for any expenses. This benefit does not require you to submit any evidence or explanation, just your contact information, above, and your signature, below.

Expense Reimbursement

Documented Out-of-Pocket Expenses.

Please enter in the box below the amount of loss(es) you actually incurred that is/are fairly traceable to the Data Incident that PHS discovered around June 6, 2019, and as described in the notice from PHS. Documented Out-of-Pocket Expenses may include: (i) long distance telephone charges; (ii) cell phone minutes (if charged by the minute), Internet usage charges (if charged by the minute or by the amount of data usage incurred solely as a result of the Data Incident), and text messages (if charged by the message and incurred solely as a result of the Data Incident); (iii) postage; (iv) documented costs associated with miscellaneous expenses such as notary, fax, postage, copying, and mileage; (v) documented costs associated with credit freezes; (vi) and documented costs of credit-monitoring services active between receiving notice of the Data Incident and the date credit monitoring becomes available under this Settlement.

\$ _____

Documented Extraordinary Expenses.

To the extent not already covered by documented Out-of-Pocket Expenses, documented Extraordinary Expenses may include: (i) documented professional fees and other costs incurred to address actual identity fraud or theft and (ii) other documented unreimbursed losses, fees, or charges incurred as a result of actual identity fraud or theft, including (a) unreimbursed bank fees, (b) unreimbursed card reissuance fees, (c) unreimbursed overdraft fees, (d) unreimbursed charges related to unavailability of funds, (e) unreimbursed late fees, (f) unreimbursed over-limit fees, (g) unreimbursed charges from banks or credit card companies, and (h) interest on payday loans due to card cancellations or due to over-limit situations.

\$ _____

By submitting this Settlement Claim for expense reimbursement, you are attesting, subject to penalty of perjury, that these losses or expenses were incurred and are fairly traceable to the Data Incident and that these losses or expenses have not otherwise been reimbursed from another source.

In addition to this Claim Form, you must provide to the Claims Administrator reasonable documentation of the losses and/or expenses claimed above to allow for assessment and validation of these claims. This documentation must include receipts or similar documentation, not “self-prepared” documents such as handwritten receipts. If documentation cannot be provided, you must provide in the box below (and can use a separate paper if more space is needed) an explanation as to why documentation cannot be provided. That reason will be considered by the Claims Administrator, Class Counsel, and counsel for PHS.



60475



LCF



Page 2 of 3



604750000000

Lost Time.

The settlement allows for reimbursement of up to three (3) hours of Lost Time (calculated at fifteen dollars (\$15) per hour) for time spent in connection with efforts to remedy issues fairly traceable to the Data Incident discovered by PHS around June 6, 2019, and described in the notice from PHS. Please state the precise number of hours you have expended in connection with efforts to remedy issues fairly traceable to the Data Incident.

_____ hours of lost time, at the rate of \$15 per hour

In addition to this Claim Form, you must provide a description to the Claims Administrator of how the claimed Lost Time was spent in connection with efforts to remedy issues fairly traceable to the Data Incident, to allow for assessment and validation of your claim. Please provide that description below. (You can use a separate paper if more space is needed.)

By submitting this Settlement Claim for Lost Time, you are attesting, under penalty of perjury, that this time was spent remediating issues fairly traceable to the Data Incident

Submission of a Settlement Claim does not guarantee credit monitoring services or expense reimbursement. In connection with a Valid Claim, each Settlement Class Member may receive up to, but no more than, \$750 per Settlement Class Member for documented Out-of-Pocket Expenses and Lost Time. Settlement Class Members may not receive more than \$5,000 for documented Extraordinary Expenses. This process takes time. Please be patient.

ATTESTATION AND SIGNATURE

The Claims Administrator may require the submission of supplemental information and documentation reasonably necessary to evaluate any claims.

I understand that, unless I opt out of the settlement, I am bound by the terms and releases set forth in the settlement.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Printed Name: _____

CLAIM FORMS MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN MAY 16, 2024 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT WWW.PHSDataIncidentSettlement.com OR MAIL THIS CLAIM FORM TO:

PHS Settlement
c/o Kroll Settlement Administration
P.O. Box 5324
New York, NY 10150-5324

If you have questions, you may contact the Claims Administrator by calling **(833) 630-6292** or by filling out the contact form of the Settlement Website, www.PHSDataIncidentSettlement.com.



60475



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Page 3 of 3