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Jones v. The Methodist Hospitals, Inc., 45C01-1911-CT-001201 (Lake Cnty. Ind. Cir. Ct.)

SETTLEMENT CREDIT MONITORING AND IDENTITY RESTORATION ENROLLMENT ELECTION FORM

Submission Deadline: October 6, 2022

You may quickly and easily file your Election Form online at www.JonesMHSettlement.com

The Settlement Class is defined as all persons to whom a notification was sent by or on behalf of Methodist Hospitals, Inc. regarding the Data Security Incident. You may submit this Election Form only if you are a Settlement Class Member in the above Action.

As a member of the Settlement Class, if you do not submit a timely request for exclusion from the Settlement Class, you are entitled to obtain coverage under a credit monitoring and identity theft insurance plan at Methodist's cost.

Settlement Class Members who elect to receive coverage under the plan will receive enrollment information for coverage under the plan.

To elect the credit monitoring and identity theft insurance plan, please provide the following information:

I want to **ENROLL** in the credit monitoring and identity theft insurance at Methodist's cost.

I declare under penalty of perjury that I am a Settlement Class Member and that the information provided below is true and accurate.

First Name: MI: Last Name:

Mailing Address Line 1 (Street, P.O. Box, Suite or Office Number)

Mailing Address Line 2 (optional)

City State ZIP Code

E-Mail:

Current Phone Number: – – Last Four Digits of Social Security Number

Signature: Date: MM – DD – YYYY

☐ Check this box if you are submitting a claim on behalf of an individual under the age of 18.

The deadline to submit this form is **October 6, 2022 online at www.JonesMHSettlement.com or by mail to *Jones v. The Methodist Hospitals, Inc.*, Settlement Administrator, P.O. BOX 5768, Portland, OR 97228 – 5768.**