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Jones v. The Methodist Hospitals, Inc.
SETTLEMENT ADMINISTRATOR
P.O. Box 5768
Portland, OR 97228–5768

LAKE COUNTY INDIANA CIRCUIT COURT

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

ECONOMIC LOSS REIMBURSEMENT FORM

Reimbursements for Economic Losses

Eligible Settlement Class Members may submit one or more Claims for reimbursement for documented economic losses related to the Unauthorized Access that have not been reimbursed, up to an aggregate total of \$3,000 per Settlement Class Member.

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at www.JonesMHSettlement.com or by calling 855-604-1884.

Settlement Class Members who wish to make a timely and properly supported Claim for reimbursement of Economic Losses related to the Unauthorized Access must provide to the Settlement Administrator the information required to evaluate the Claim, including (a) the Claimant’s name and current address; (b) if applicable, a signed copy of IRS Form 14039 along with a statement under penalty of perjury that the form was submitted to the Internal Revenue Service; (c) the bills or invoices documenting the amount of the Claim and proof that the bills or invoices were paid; (d) a statement signed under penalty of perjury indicating that (i) the economic losses claimed are fairly traceable to the Unauthorized Access; and (ii) the total amount claimed has not been reimbursed by any other person or entity. Third-party documentation of economic losses is required to establish a Claim. Economic losses that are compensated under this Settlement are those that are reasonable and customarily incurred when responding to the type of fraud or identity theft suffered by the Settlement Class Member from the Data Security Incident.

Settlement Class Members must submit this documentation along with the form required below through the Settlement Website or by mailing it to the following address:

Jones v. The Methodist Hospitals, Inc.,
Settlement Administrator
P.O. Box 5768
Portland, OR 97228–5768

If you have any questions, call 855-604-1884 or go to www.JonesMHSettlement.com for more information.

Deadline: All Claims must be submitted to the Settlement Administrator on or before **October 6, 2022**.



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ECONOMIC LOSS REIMBURSEMENT FORM

CLAIMANT INFORMATION

Please Type or Print in the Boxes Below

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

Additional Information

Last Four Digits of Social Security Number

Telephone Number (optional)

Email Address (optional)

I declare under penalty of perjury that

The economic loss I have claimed on this form is related to the Unauthorized Access; and

The total amount claimed has not been reimbursed by any third party.

You may submit one or more reimbursement requests, but all of your requests cannot exceed an aggregate \$3,000. Only one (1) form is needed for multiple costs incurred from the Unauthorized Access.

Amount Requested:

\$ •

Documentary proof must be submitted to support your exact claim amount.

Please provide a brief description of economic loss requested in this Claim, as well as an explanation of how such losses are related to the Unauthorized Access—you may attach additional pages if necessary.

