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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.)

LOST TIME REIMBURSEMENT FORM

Reimbursements for Lost Time

Eligible Settlement Class Members may submit one or more Claims for reimbursement for documented lost time related to the Unauthorized Access, up to an aggregate total of $300.00 per Settlement Class Member. Lost Time shall be deemed fairly traceable to the Unauthorized Access if (i) the time spent occurred on March 13, 2019, or thereafter; (ii) the Settlement Class Member executes a statement signed under penalty of perjury indicating that the lost time claimed is fairly traceable to the Unauthorized Access; (iii) the lost time claimed is of the type expected to be incurred from the Unauthorized Access, such as time related to placing a freeze on credit reports, monitoring for fraud, and attempting to repair any fraudulent activity; and (iv) the Settlement Administrator determines by a preponderance of evidence that it is fairly traceable to the Unauthorized Access.

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 must submit the form required below through the Settlement Website or by mailing it to the following address:

Jones v. The Methodist Hospitals, Inc.
Settlement Administrator
Box 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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LOST TIME 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)

You may submit one or more reimbursement requests for lost time, but all of your requests cannot exceed an aggregate of $300. Only one (1) form is needed for multiple costs incurred from the Unauthorized Access. Valid hours will be reimbursed subject to pro rata reduction if Claims exceed available funds. Claims for reimbursement for lost time will be calculated in hourly increments at a rate of $20 per hour.

Please provide a brief description of lost time requested in this Claim, including time spent on each task, as well as an explanation of how such losses are related to the Unauthorized Access. (You may attach additional pages if necessary).

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I lost a total of ☐☐ (insert hours claimed) hours of time related to the Unauthorized Access.

☐ I declare under penalty of perjury that the lost time I have claimed on this form is related to the Unauthorized Access.

Signature: _____ Date: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Print Name: _____

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

Your Claim will be submitted to the Settlement Administrator for review. If your Reimbursement Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your Claim is approved, you will be mailed a check at the street address you provide. This process takes time; please be patient.

REIMBURSEMENT FORMS MUST BE POSTMARKED NO LATER THAN October 6, 2022, TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT www.JonesMHSettlement.com OR MAIL THIS CLAIM FORM TO *Jones v. The Methodist Hospitals, Inc.*, Settlement Administrator, P.O. Box 5768, Portland, OR 97228–5768.