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**Must be postmarked
or submitted online
NO LATER THAN
March 14, 2024.**

**ECL SETTLEMENT ADMINISTRATOR
P.O. BOX 2630
PORTLAND, OR 97208-2630
www.ECLSettlement.com**

ECL PATIENT SETTLEMENT CLASS CLAIM FORM

STEP 1 – INFORMATION AND DIRECTIONS

SETTLEMENT BENEFITS – WHAT YOU MAY GET

IMPORTANT NOTE: You must complete and submit this Claim Form by **March 14, 2024**, to receive payment. To complete this Claim Form, read the instructions below in Step 1; truthfully provide the requested information in Step 2; optionally complete out-of-pocket losses if you have qualifying covered losses in Step 3; read how payment will be issued in Step 4; sign the certification in Step 5; and submit the Claim Form using one of the methods stated in Step 6.

Each Settlement Class Member is entitled to submit only one Claim Form.

The easiest way to submit a claim is online at www.ECLSettlement.com, or you can complete and mail this claim form to the mailing address above.

You may submit a claim for one or more of these benefits:

Cash Reimbursement. Use the claim form to request money for one or more of the following:

1. **Pro Rata Share of the available Patient Fund.** You will receive an equal share of the fund available for all patients who submit a valid claim.
2. **Reimbursement for Money You Spent.** If you spent unreimbursed money trying to avoid or recover from fraud or identity theft that you believe is fairly traceable to the ECL data breach (out-of-pocket losses), you can be reimbursed up to \$5,000. You must submit documents supporting your claim.

* * *

Claims must be submitted online or mailed by March 14, 2024. Use the address at the top of this form for mailed claims.

Please note: the settlement administrator may contact you to request additional documents to process your claim. Your share of the available Patient Settlement Fund will depend on the number of claims filed.

For more information and complete instructions visit www.ECLSettlement.com.

Please note that Settlement benefits will be distributed after the Settlement is approved by the Court and becomes final.



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STEP 2 – CLAIMANT INFORMATION

1. NAME (REQUIRED)

First Name

MI

Last Name

2. MAILING ADDRESS (REQUIRED)

Address

Apt / Unit No.

City

State

ZIP Code

3. PHONE NUMBER:

4. EMAIL ADDRESS:

5. UNIQUE ID:

Filing out this section and the Certification in Section 5 will qualify you for a pro rata cash payment from the Settlement Fund.



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STEP 3 – OPTIONAL CASH PAYMENT FOR OUT-OF-POCKET LOSSES

If you lost or spent money trying to prevent or recover from fraud or identity theft that you believe is fairly traceable to the **ECL data breach** and have not been reimbursed for that money (Out-of-Pocket Losses), you can receive reimbursement for up to \$5,000 total. Eligible Out-of-Pocket Losses include those incurred on or after March 1, 2021 up to the date of filing your claim.

It is important for you to send documents that show what happened and how much you lost or spent, so that you can be reimbursed.

To look up more details about how cash payments work, visit www.ECLSettlement.com or call toll-free **1-877-328-5803**. You will find more information about the types of costs and losses that can be paid back to you, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment. *By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data breaches.*

Loss Type and Examples of Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the breach)
<p>Costs related to credit monitoring purchases/freezing/unfreezing between March 1, 2021, and March 14, 2024.</p> <p><i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><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</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information on or after March 1, 2021 and fairly traceable to the ECL Settlement breach.</p> <p><i>Examples: Account statement with unauthorized charges circled; police report; IRS document; FTC Identity Theft Report; letter refusing to refund fraudulent charges; receipt for your credit monitoring services purchase</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><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</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the ECL Settlement breach.</p> <p><i>Examples: Phone bills, receipts, detailed list of addresses you traveled (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><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</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



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STEP 4 - HOW YOU WILL RECEIVE YOUR PAYMENT

If you made a claim for payment on this Claim Form, and if your claim and the settlement are finally approved, an email will be sent to the email address you provided on this Claim Form, prompting you to elect your method of payment. Popular electronic payment options 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 claims administrator may attempt to send you a check relying on your physical address on file.

STEP 5 - CERTIFICATION

I hereby certify that:

1. The information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.
2. I have read and understand the Claim Form;
3. I believe in good faith that I am a member of the Settlement Class because I (i) am a patient of one of a member of the Physician Settlement Class, or (ii) had a contract with Defendants as identified under the Physician Settlement Class definitions;
4. I have neither assigned any right to recover this Benefit to any other party nor been reimbursed in whole by a third-party for any damages related to the allegations at issue in the ECL Class Actions
5. I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Signature

Date: - -
MM DD YYYY

Print Name

STEP 6 - METHODS OF SUBMISSION

Please complete the Claim Form above and return it by one of the following methods:

1. Online by visiting www.ECLSettlement.com and completing an online Claim Form no later than March 14, 2024; OR
2. By emailing the completed Claim Form to patient-claims@ECLSettlement.com no later than March 14, 2024; OR
3. By mailing via U.S. mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than March 14, 2024, and addressed to:

Settlement Administrator
P.O. Box 2630
Portland, OR 97208-2630