

HealthEC Data Breach Litigation
Settlement Administrator
P.O. Box 301134
Los Angeles, CA 90030-1134

HLTL



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

In re: HealthEC LLC Data Breach Litigation

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

Case No. 24-cv-00026-JKS-SDA

**Must Be Postmarked
No Later Than
November 18, 2025**

HealthEC Customer Data Security Breach Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you were a U.S. resident whose private information was compromised in the Data Breach announced by HealthEC in December 2023, you may submit a claim for benefits of the settlement.

The easiest way to submit a claim and request electronic payment is to fill out this Claim Form and submit it online at www.HealthECSettlement.com, or you can complete and mail this Claim Form to the mailing address above. If you mail this Claim Form, you will receive your payment via check. If you want to receive an electronic payment, you must file your claim online.

You may submit a claim for one or more of these benefits AND pre-enroll in Medical Shield Complete:

Monitoring Service. Use this Claim Form to pre-enroll in three years of Medical Shield Complete. Once the settlement is approved and becomes final, you will receive an email reminding you of your enrollment code and containing instructions on how to complete the enrollment process and begin this service when it becomes available. For a comprehensive list of the benefits this service provides, please see the Class Notice and/or FAQ's #7-9 at www.HealthECSettlement.com.

Cash Benefits. Use this Claim Form to request money for Out-of-Pocket Losses and/or Lost Time OR an Alternative Cash Payment.

- 1. Out-of-Pocket Loss Claims:** If you spent money related to the Data Breach on or after July 14, 2023, through the date you are submitting this Claim Form, for which you have not been reimbursed, you can receive reimbursement for documented approved costs. These costs are limited to: (a) unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other alleged misuse of a Settlement Class Member's personal information; (b) costs incurred associated with placing or removing a credit freeze on a Settlement Class Member's credit file with any credit reporting agency; (c) other miscellaneous expenses related to any Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and/or (d) costs of credit reports, credit monitoring, or other products related to detection or remediation of identity theft.
- 2. Lost Time Claims:** If you are a Settlement Class Member and you have qualifying Out-of-Pocket Losses and you spent time remedying these issues, you may submit a claim for up to 10 hours of such time at \$25 per hour. Claims for Lost Time may be reported in 15-minute increments.
- 3. Self-Certified Time Claims:** If you are a Settlement Class Member and you do not qualify for Out-of-Pocket Losses, you may submit a claim for up to 4 hours remedying misuse of or taking preventative measures for your personal information at \$25 per hour.
- 4. Alternative Cash Payment Claims (non-California Sub-Class Members):** If you are a Settlement Class Member and were not a California resident on July 14, 2023 and you do not make a claim for Out-of-Pocket Losses or Lost Time, you may submit a claim to receive a \$25 Alternative Cash Payment.
- 5. Alternative Cash Payment Claims - California Sub-Class Members:** If you are a Settlement Class Member and were a California resident on July 14, 2023 and you do not make a claim for Out-of-Pocket Losses or Lost Time, you may submit a claim to receive a \$50 Alternative Cash Payment.

If you qualify, you may file a claim to receive one or more of the benefits set forth above.

Claims for Cash benefits must be submitted online or mailed (and postmarked) by November 18, 2025.

Use the address at the top of this form for mailed claims.

FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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CASH PAYMENT: OUT-OF-POCKET LOSS CLAIM

If you spent money related to the Incident on or after July 14, 2023, through the date you are submitting this Claim Form, and you have not been reimbursed, you can be reimbursed for documented approved costs. These are limited to: (a) unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other alleged misuse of a Settlement Class Member's personal information; (b) costs incurred associated with placing or removing a credit freeze on a Settlement Class Member's credit file with any credit reporting agency; (c) other miscellaneous expenses related to any Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and/or (d) costs of credit reports, credit monitoring, or other products related to detection or remediation of identity theft.

You must submit Reasonable Documentation supporting your claim. This may include credit card statements, bank statements, invoices, telephone records, and receipts, or other documents substantiating unreimbursed costs, expenses, losses or charges as a direct result of the Incident, subject to the limitations set forth above.

Personal certifications, declarations, or affidavits do not constitute Reasonable Documentation but may be included to provide clarification, context or support for other submitted Reasonable Documentation.

Complete the section below to the best of your ability and include or attach documentation supporting your claim.

Loss Type and Examples of Documents	Approximate Amount of Expense and Date (if known)	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Breach)
<input type="radio"/> Documents showing you lost money due to identity fraud or falsified tax returns as a direct result of the Incident on or after 7/14/2023 <i>Examples: Credit card or bank account statements with unauthorized charges highlighted; police reports; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges; invoices from accountants, lawyers, or others</i>	<div style="text-align: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <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 </div>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="radio"/> Documents showing you placed or removed a credit freeze as a direct result of the Incident on or after 7/14/2023 <i>Example: Receipts or statements for credit freezes purchased as a result of the Incident</i>	<div style="text-align: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <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 </div>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="radio"/> Documents showing you paid for miscellaneous expenses like notary, fax, postage, copying charges, etc., to detect or remediate identity theft related to the Incident on or after 7/14/2023 <i>Examples: Receipts, bills, and invoices for any expenses incurred as a result of detecting or remediating identity theft related to this Incident</i>	<div style="text-align: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <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 </div>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

CASH PAYMENT: LOST TIME CLAIM

If you received notice from HealthEC that health information in your account was compromised and you have qualifying Out-of-Pocket Losses and you spent time remedying these issues, you may submit a claim for up to 10 hours of such time at \$25 per hour. If you do not qualify for Out-of-Pocket Losses, you may submit a claim for up to 4 hours remedying misuse of or taking preventative measures for your personal information at \$25 per hour. Claims for Lost Time may be reported in 15-minute increments.

Complete the section below to the best of your ability and include or attach documentation supporting your claim.

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Hours claimed (up to 10 hours) at \$25.00 per hour (minimum 0.25 hours)

- ☐ I attest and affirm under penalty of perjury that to the best of my knowledge and belief any claimed lost time was spent related to the Data Incident.

Describe the Lost Time:

CASH PAYMENT: ALTERNATIVE CASH PAYMENT

If you received notice from HealthEC that health information in your account was compromised and you do not want to make a claim for qualifying Out-of-Pocket Losses or Lost Time, you may submit a claim for an Alternative Cash Payment.

Fill in the appropriate circle below, complete the payment selection section, and sign and date this Claim Form.

- ☐ I am a Settlement Class Member (but not a California Subclass Member) and I would like to receive an Alternative Cash Payment of \$25 instead of making a claim for Out-of-Pocket Losses or Lost Time.
- ☐ I am a California Sub-Class Member and I was a resident of California on July 14, 2023, and I would like to receive an Alternative Cash Payment of \$50 instead of making a claim for Out-of-Pocket Losses or Lost Time.

Approved claims for a cash payment submitted in this Claim Form will be paid by check. If you would like to receive your payment by a digital payment option, you must file a claim online at www.HealthECSettlement.com.

SIGNATURE

I affirm under the laws of the United States that 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.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Questions? Go to www.HealthECSettlement.com or call 1-833-699-9199