



697650000000

<p align="center">YOUR CLAIM FORM MUST BE SUBMITTED ON OR BEFORE October 5, 2023</p>	<p align="center">John, et al. v. Froedtert Health, Inc. c/o Kroll Settlement Administration LLC PO Box 5324 New York, NY 10150-5324</p>	<p align="center">FOR OFFICE USE ONLY</p>
---	--	---

In re: John, et al. v. Froedtert Health, Inc.

Circuit Court for the County of Milwaukee, Wisconsin (Case No. 2023CV001935)

CLAIM FORM

SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT WWW.FHPIXELSETTLEMENT.COM

GENERAL CLAIM FORM INFORMATION

You should complete and submit a claim online or this form by mail if you received a notice from Froedtert Health, Inc. ("Froedtert") that personal information was compromised in a data incident between February 1, 2017, and May 23, 2022.

The settlement notice describes your legal rights and options. Please visit the official Settlement Website, www.FHpixelsettlement.com, or call (833) 630-5400 for more information.

If you wish to submit a claim for a settlement payment, please provide the information requested below. You must submit your claim online by **October 5, 2023**, or complete and mail this Claim Form to the Settlement Administrator, postmarked by **October 5, 2023**.

TO SUBMIT A CLAIM FOR PAYMENT:

1. Complete all sections of this Claim Form.
2. Sign the Claim Form.
3. Submit the completed Claim Form to the Settlement Administrator so that it is postmarked by **October 5, 2023**.

This Claim Form should only be used if a claim is being mailed and is not being filed online. You may go to www.FHpixelsettlement.com to submit your claim online, or you may submit this Claim Form by mail to the address at the top of this form. Note that postage to send the Claim Form by mail is not pre-paid.

Payment will be mailed in the form of a check to the address you provide below. If you would like to receive a payment electronically (Venmo, PayPal, ACH, ...) you must submit a Claim Form online at www.FHpixelsettlement.com.



69765



CF



Page 1 of 3



697650000000

3. SIGN AND DATE YOUR CLAIM FORM

Signature

____ / ____ / ____
Date (mm/dd/yyyy)

Print Name

Please keep a copy of your completed Claim Form for your records.

Mail your completed Claim Form to the Settlement Administrator:

John, et al. v. Froedtert Health, Inc.
c/o Kroll Settlement Administration LLC
PO Box 5324
New York, NY 10150-5324

or submit your claim online at
www.FHpixelsettlement.com

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your claim. You can update your contact information on the Contact page at **www.FHpixelsettlement.com**.



69765



CF



Page 3 of 3