

YOUR CLAIM FORM
MUST
BE SUBMITTED ON
OR BEFORE
<b>October 5, 2023</b>

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

FOR OFFICE USE ONLY

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.







Page 1 of 3



# 1. <u>Class Member Information</u>

*First Name	MI	*Last Nar	me	
*Mailing Address: Street Address/P.O. Box (inc	elude A	partment/Su	ite/Floor Number)	
*City		*State	*Zip Code	
			<u>@</u>	
*Current Email Address				
(				
Current Phone Number (Optional)				
*Settlement Claim ID: 69765	D can b	e found on t		<b>.</b>
2. PAYMENT ELIGIBILITY INFORMA	ATION			
Please review the notice and Frequently Asked (	Questio	ns located o	n the Settlement We	bsite,
www.FHpixelsettlement.com for more informati	ion on	who is eligib	ole for a payment.	
Please provide as much information as you can to	help us	figure out if	you are entitled to a	settlement payment.
Settlement Class Members who file a valid	d claim	will be eligib	ole to receive an equa	l share of the Net
Settlement Fund from Froedtert regarding the Data	a Incide	ent. Settleme	nt Class Members wi	ll receive only one
payment.				
I attest that I logged into a MyChart patients February 1, 2017, and May 23, 2022.	ent port	al account th	rough Froedtert's we	ebsite at least once between





Page 2 of 3



## 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 <a href="https://www.FHpixelsettlement.com">www.FHpixelsettlement.com</a>.

69765





Page 3 of 3