Unique ID: 5178900000000

Jeffrie Allan Summers II v. Sea Mar Community Health Centers, No. 2-2-00773-7-SEA
Sea Mar Community Health Centers Settlement

ORDINARY LOSSES, ATTESTED LOST TIME, ALTERNATIVE CASH PAYMENT, AND IDENTITY THEFT PROTECTION AND RESTORATION SERVICES CLAIM FORM

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT WWW.COMMUNITYHEALTHDATAINCIDENT.COM NO LATER THAN DECEMBER 30, 2022.

***ATTENTION**: This Claim Form is to be used to apply for relief related to the Data Incident that occurred between December 2020 and March 2021 and potentially affected patients, employees, and guarantors of Sea Mar Community Health Centers ("Defendant"). There are two types of damages for which these individuals may be eligible: 1) for all Settlement Class Members, reimbursement of actual losses that are reasonably traceable to the Data Incident, including Attested Lost Time, and 2) for all Settlement Class Members, 36 months of IDX Identity Protection Services, with 3-Bureau credit monitoring, a $1 million dollar insurance policy, and identity restoration services.*

*To submit a Claim, you must have been identified as an individual whose Private Information was maintained on Defendant's computer systems and/or network that was potentially compromised in the Data Incident and received Notice of this Settlement with a **Unique ID**.*

*You may apply to be reimbursed for Ordinary Losses and Extraordinary Losses. Ordinary Losses consist of actual Out-of-Pocket Losses incurred as a result of the Data Incident and fees for Unreimbursed Identity Protection Expenses, up to $2,500. You also may be reimbursed for lost time spent remedying the issues related to the Data Incident ("Attested Lost Time"), at $30 per hour for up to 10 hours, such as time spent remedying identity theft or fraud, including misuse of personal information and credit monitoring or freezing credit reports. In the alternative to being reimbursed for your Ordinary Losses, you may simply make a Claim for a cash payment of up to $100. In addition, to the aforesaid benefits, you are also eligible to receive reimbursement for documented Extraordinary Losses, not to exceed $25,000 per Settlement Class Member for documented monetary loss that is, among other things, arising from financial fraud or identity theft. **Please be advised that any documentation you provide must be submitted with this Claim Form.***

Note that you MUST apply for Ordinary Losses, Attested Lost Time, the Alternative Cash Payment, and Extraordinary Losses using this Claim Form.

***CLAIM VERIFICATION:** All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.*

ASSISTANCE: If you have questions about this Claim Form, please visit the Settlement Website at www.CommunityHealthDataIncident.com for additional information or call 1-833-512-2312.

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the Claim, delay its processing, or otherwise adversely affect the Claim.

REGISTRATION

First Name: MI: Last Name:

Mailing Address:

City: State: Zip Code:

Telephone Number:

Email Address:

Please provide the Unique ID identified on the Notice that was sent to you:

Instructions. *Please follow the instructions below and answer the questions as instructed.*

CLAIM INFORMATION

Section A. Confirm Your Eligibility

Did you receive a Unique ID indicating that you may be a Member of the Settlement Class?

☐ Yes ☐ No

If yes, continue to the next question. If no, you are not a member of the Settlement Class and do not qualify to file a Claim.

Did you suffer any financial expenses or other financial losses that you believe were incurred as a result of the Data Incident or did you spend time remedying issues related to the Data Incident? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc., or did you spend time monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc. related to the Data Incident?

☐ Yes ☐ No

If yes, you may be eligible to fill out ***Section B*** *of this form and provide corroborating documentation.*

Section B. Reimbursement for Ordinary Losses and Attested Lost Time

If you suffered verifiable financial losses that were more likely than not caused by the Data Incident or spent time remedying issues related to the Data Incident, you may be eligible to receive a payment to compensate you for these financial losses and lost time spent.

Ordinary Losses

*If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit** proof of your losses and the dollar amount of those losses, you will be eligible to receive a payment compensating you for your documented Ordinary Losses of up to **$2,500**. Ordinary Losses includes: (1) Out-of-Pocket Losses; and (2) for Unreimbursed Identity Protection Expenses, such as credit reports, credit monitoring, or other identity theft insurance products purchased between December 1, 2020 and December 30, 2022. Out-of-Pocket Losses incurred as a result of the Data Incident may include, without limitation, expenses unreimbursed costs associated with fraud or identity theft, including professional fees and fees for credit repair services and miscellaneous expenses, such as (i) notary, (ii) fax, (iii) postage, (iii) copying, (iii) mileage, and (iv) long-distance telephone charges, as well as costs for credit monitoring costs or other mitigative services that were incurred on or between December 1, 2020 and December 30, 2022. Examples of what can be used to prove your losses include: receipts, account statements, bills, etc.*

Attested Lost Time

You may also be eligible to receive a payment reimbursing you for the amount of lost time you spent remedying issues related to the Data Incident, at $30 per hour, for up to 10 hours, but only if a minimum of one full hour was spent. You must attest that any lost time was spent related to the Data Incident. Examples of lost time include: time spent monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc.

Providing adequate proof of your losses does not guaranty that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your Claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

Payment for your losses will be paid directly to you electronically, unless you request to be paid by check as indicated below.

For each loss that you believe was incurred as a result of the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide ALL this information for this Claim to be processed**. Supporting documents must be submitted as part of this Claim Form. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your Claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at **https://www.kroll.com/en/settlement-administration.** With the exception of your Sea Mar Community Health Centers name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendant in this Action. Please do not directly communicate with Sea Mar Community Health Centers regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Examples of such losses include payments for identity theft protection or credit monitoring services and financial losses due to stolen identity incurred as a result of the Data Incident, etc. These are only examples and do not represent a complete list of losses eligible for compensation. Please provide a description of any loss that you claim was incurred as a result of the Data Incident.

Examples of documentation include receipts for identity theft protection services, fees paid to a professional to remedy a falsified tax return, etc.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	07 – 17 – 20 MM DD YY	$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	02 – 30 – 21 MM DD YY	$25.00	Copy of the professional services bill
	MM DD YY	$ •	
	MM DD YY	$ •	
	$ •	$ •	
	MM DD YY	$ •	
	MM DD YY	$ •	
	MM DD YY	$ •	
	MM DD YY	$ •	
	MM DD YY	$ •	
	MM DD YY	$ •	
	MM DD YY	$ •	
	MM DD YY	$ •	
	MM DD YY	$ •	

Reimbursement for Attested Lost Time:

Settlement Class Members may submit a Claim for up to ten (10) hours of time spent remedying issues related to the Data Incident, if at least one (1) full hour was spent remedying issues related to the Data Incident. Ten (10) hours of lost time may be reimbursed, at $30 per hour, if you provide an attestation as to the time you spent remedying issues related to the Data Incident. Examples of lost time spent remedying issues related to the Data Incident may include time spent remedying identity theft, fraud, misuse of personal information, credit monitoring, or freezing credit reports.

If you spent time remedying issues related to the Data Incident, including at least one (1) full hour, please list the number of hours you spent here: _____.

By checking the below box, I hereby declare under penalty of perjury under the laws of the State of Washington that the information provided in this Claim Form to support my seeking relief for Attested Lost Time (up to $300) is true and correct.

☐ **Yes, I understand that I am submitting this Claim Form and the affirmation it makes as to my seeking relief for Attested Lost Time under penalty of perjury. I further understand that my failure to check this box may render my Claim for Attested Lost Time null and void.**

Alternative Cash Payment

In the alternative to compensation for Ordinary Losses and Attested Lost Time, Class Members may simply make a Claim for a cash payment of one hundred dollars ($100).

By checking the below box, I choose a cash payment of $100 in the alternative to compensation for Ordinary Losses and Attested Lost Time.

NOTE: YOU MAY NOT FILE FOR EITHER ORDINARY LOSSES OR ATTESTED LOST TIME IF YOU ARE FILING FOR THE ALTERNATIVE CASH PAYMENT IN THIS SECTION.

☐ **Yes, I choose a cash payment of $100 in the alternative to compensation for Ordinary Losses and Attested Lost Time.**

Compensation for Extraordinary Losses

In addition to compensation for Ordinary Losses and Attested Lost Time (or the Alternative Cash Payment), you are also eligible to receive reimbursement for documented Extraordinary Losses, not to exceed $25,000 for documented monetary loss that is, among other things, arising from financial fraud or identity theft if:

(1) The loss is an actual, documented, and unreimbursed monetary loss;
(2) The loss is more likely than not caused by the Data Incident;
(3) The loss occurred during the period from December 1, 2020, through December 30, 2022;
(4) The loss is not already covered as an "Ordinary Loss" as described above; and
(5) You provide documentation that you made reasonable efforts to avoid, or seek reimbursement for, the losses, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

For each loss that you believe is more likely than not caused by the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide ALL this information for this Claim to be processed**. Supporting documents must be

submitted as part of this Claim Form. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your Claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at https://www.kroll.com/en/settlement-administration. With the exception of your Sea Mar Community Health Centers name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendant in this Action. Please do not directly communicate with Sea Mar Community Health Centers regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Unauthorized credit card charge	0 7 – 1 7 – 2 0 MM DD YY MM DD YY	$50.00	Letter from Bank
	– – MM DD YY	$ •	
	– – MM DD YY	$ •	
	– – MM DD YY	$ •	
	– – MM DD YY	$ •	
	– – MM DD YY	$ •	
	– – MM DD YY	$ •	
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	– – MM DD YY	$ •	
	– – MM DD YY	$ •	
	– – MM DD YY	$ •	

Section C. Payment

By mailing this form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a check. If you wish to receive an electronic payment, you must submit your Claim Form online at **www.CommunityHealthDataIncident.com**.

Section D. Settlement Class Member Affirmation

By submitting this Claim Form and checking the box below, I declare that I received notification from Sea Mar Community Health Centers that I have been identified as a potential Settlement Class Member. As I have submitted claims of losses due to the Data Incident, I declare that I suffered these losses.

I understand that my Claim and the information provided above will be subject to verification.

I also understand that I may not be entitled to recover under this Settlement if I am employed by and/or affiliated with the Judge or Magistrate presiding over this Action, and/or am employed by the Defendants or anyone acting on their behalf.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

☐ **Yes, I understand that my failure to check this box may render my Claim null and void.**

Please provide your name in both the Signature and Printed Name fields below and date your signature below.

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

Printed Name: _____

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT WWW.COMMUNITYHEALTHDATAINCIDENT.COM NO LATER THAN DECEMBER 30, 2022.