

## **CLAIM FORM FOR LOGAN HEALTH DATA BREACH BENEFITS**

### **USE THIS FORM TO MAKE A CLAIM FOR REIMBURSEMENT OF OUT-OF-POCKET LOSSES, AND/OR ATTESTED TIME, CREDIT MONITORING SERVICES, OR AN ALTERNATIVE CASH PAYMENT.**

*If you would like to receive a digital payment, please submit your Claim Form online at [www.LoganHealthSettlement.com](http://www.LoganHealthSettlement.com). Para una notificación en Español, llamar 1-888-317-0380 o visitar nuestro sitio web [www.LoganHealthSettlement.com](http://www.LoganHealthSettlement.com).*

**The DEADLINE to submit this Claim Form is postmarked: April 3, 2023**

#### **I. GENERAL INSTRUCTIONS**

If you are an individual whose Personal Information was compromised as a result of a data breach that occurred when the network systems of Logan Health Medical Center (“Logan Health”) were hacked in a sophisticated criminal cyberattack affecting certain Logan Health files containing the personal and health information of Logan Health’s patients and other affiliated persons (the “Data Security Incident”) you are a Class Member.

As a Class Member, you are eligible to make a claim for **one or more of the following**:

- **Reimbursement for Out-of-Pocket Losses:** all Class Members may submit a claim for up to \$25,000 for reimbursement of Out-of-Pocket Losses that are fairly traceable to the Data Security Incident, which must be supported by (i) third-party documentation supporting the loss; and (ii) a brief description of the nature of the loss. A claim for Out-of-Pocket Losses may be combined with with reimbursement for Attested Time but in no circumstance will a Settlement Class Member be eligible to receive more than the \$25,000.00.
- **Reimbursement for Attested Time:** all Class Members may submit a claim for reimbursement of Attested Time up to five (5) hours at \$25 per hour, which must be supported by a brief description of the actions taken in response to the Data Security Incident and the time associated with each action. A claim for Attested Time may be combined with with reimbursement for Out-of-Pocket Losses but in no circumstance will a Settlement Class Member be eligible to receive more than the \$25,000.00.

In addition to claiming reimbursement for Out-of-Pocket Losses and/or Attested Time, Class Members are also eligible to make a claim for **either**:

- **Credit Monitoring Services:** a Class Member may submit a claim for up to three (3) years of Credit Monitoring Services through Global Cyber Group for Intersections, LLC d/b/a Pango, regardless of whether the Class Member submits a claim for reimbursement of Out-of-Pocket Losses or Attested Time. A Class member cannot submit a claim for both Credit Monitoring Services and an Alternative Cash Payment under the Settlement.
  - **Minor Monitoring Services:** Class Members under the age of eighteen (18) on or before the Claims Deadline are automatically eligible to enroll in Minor Monitoring Services provided by Pango for a period of three (3) years from the Effective Date, regardless of whether they submit a claim under the Settlement.

**OR:**

- **Alternative Cash Payment:** in lieu of Credit Monitoring Services, a Class Member who is not automatically eligible for Minor Monitoring Services may elect to receive a cash payment in an amount equal to a pro rata distribution of the Net Settlement Fund but, in no event, to exceed \$125.

**Questions? Go to [www.LoganHealthSettlement.com](http://www.LoganHealthSettlement.com) or call 1-888-317-0380.**



**You may only select one of the following options:**

**III. CLASS MEMBERSHIP**

- Please check this box if you received a notice related to this Class Action and provide your Unique CPT ID Number in Section II above.
- Please check this box if you have **not** received a letter notice but believe that you should be included in the Class. You must provide Reasonable Documentation demonstrating that you were impacted by the Logan Health Data Security Incident.

**You may select either:**

**IV. CREDIT MONITORING SERVICES**

- If you wish to receive Credit Monitoring Services, you must check off the box for this section, provide your email address in the space provided in Section II, above, and return this Claim Form. Submitting this Claim Form will not automatically enroll you into Credit Monitoring Services. To enroll, you must follow the instructions sent to your email address after the Settlement is approved and becomes final (the "Effective Date").

**Or, in the alternative:**

**V. ALTERNATIVE CASH PAYMENT**

- If you wish to receive a Alternative Cash Payment, you must check off the box for this section, and then simply return this Claim Form. An Alternative Cash Payment will be made for an approved Claim as long as the Net Settlement Fund is not depleted by the claims for Credit Monitoring Services, Reimbursement for Out-of-Pocket Losses and Reimbursement for Attested Time.

**You may also select one or more of the following:**

**VI. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES**

- Please check off this box for this section if you are electing to seek reimbursement for up to \$25,000 of Out-of-Pocket Losses you incurred that are fairly traceable to the Logan Health Data Security Incident and are not otherwise reimbursable from insurance. Out-of-Pocket Losses include unreimbursed losses and consequential expenses that are more likely than not related to the Logan Health Data Security Incident and incurred on or after November 22, 2021.

In order to make a claim for Reimbursement of Out-of-Pocket Losses, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section X); and (iii) include third party documentation supporting each claimed cost along with this Claim Form. Out-of-Pocket Losses need to be deemed more likely than not due to the Logan Health Data Security Incident by the Settlement Administrator based on the documentation you provide and the facts of the Logan Health Data Security Incident. **Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.**



**If you do not submit third party documentation supporting a Reimbursement for Out-of-Pocket Losses claim, or your claim for a Reimbursement for Out-of-Pocket Losses claim is rejected by the Settlement Administrator for any reason and you do not cure the defect, you will not be eligible to receive reimbursement for such losses.**

### VII. REIMBURSEMENT FOR ATTESTED TIME

Please check off this box for this section if you are electing to seek reimbursement for Attested Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Security Incident. Class Members who elect to submit a Claim for reimbursement of Attested Time may claim up to five (5) hours of lost time at a rate of \$25 per hour, for a maximum of \$125.

Please indicate below how much time (round to the nearest hour and check only one box) that you spent to prevent or mitigate fraud and identity theft following the announcement of the Logan Health Data Security Incident:

- 1 Hour       2 Hours       3 Hours       4 Hours       5 Hours

**Examples:** You spent at least one full hour calling customer service lines, writing letters or emails, or on the internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

**Required:** If time was spent on the telephone or online in an attempt to prevent fraud or identity theft, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. If the time was spent trying to get unauthorized charges reversed or reimbursed, describe what you did.

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### VIII. METHOD OF PAYMENT

If you have selected a payment for Out-of-Pocket Losses, Reimbursement of Attested Time, or an Alternative Cash Payment, a physical check will be mailed to the address you provided in Section II, above. If you would like to receive a digital payment, please submit your Claim Form online at [www.LoganHealthSettlement.com](http://www.LoganHealthSettlement.com).

### IX. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

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Signature

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Date

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Print Name

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**X. ATTESTATION**  
**(REQUIRED FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES AND ATTESTED TIME CLAIMS)**

I, \_\_\_\_\_, declare that I suffered the Attested Time and/or incurred Out-of-Pocket Losses claimed above.

I also attest that the Attested Time and/or incurred Out-of-Pocket Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of Montana and of the United States of America that the foregoing is true and correct. Executed on \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.

[Date]

[City]

[State]

\_\_\_\_\_  
[Signature]