

CLAIM FORM

ATTENTION: This Claim Form is to be used to apply for benefits from the Settlement of a lawsuit with Community Health Systems Professional Services Corporation n/k/a CHSPSC, LLC (“CHSPSC”) as a result of an external criminal-cyberattack on CHSPSC’s computer network in April and June 2014, publicly announced on August 18, 2014 (the “Security Incident”). To recover as part of this Settlement, you *must* provide the information requested in this Claim Form for each applicable claim. PLEASE BE ADVISED that any documentation you provide must be submitted with this Claim Form.

You may submit claims in each applicable category from Claims A and B below:

(A) Response Expense Reimbursement Claim (subject to a maximum limit of \$250)

- I. The costs of credit monitoring and identity theft protection services you purchased between August 18, 2014 and August 1, 2019
- II. Hours of documented lost time spent dealing with the Security Incident or alleged identity fraud that resulted from the Security Incident calculated at the rate of \$15.00 per hour
- III. The costs of credit report(s) you purchased
- IV. Other incidental expenses attributable to the Security Incident, as further described below

(B) Fraud Loss Reimbursement Claim (subject to a maximum limit of \$5,000)

- I. Documented unreimbursed monetary loss attributable to actual identity fraud or identity theft that occurred as a result of the Security Incident

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, www.CHSPSCSettlement.com, and follow the instructions on the “Submit a Claim” page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to CHSPSC Settlement Administrator, PO Box 6336, Portland, OR 97228-6336, postmarked by **August 1, 2019**. Please print clearly in blue or black ink.

2. Claim Information

Claim A: Response Expense Reimbursement Claim

I. To obtain reimbursement under this category, you must swear or affirm to the following:

- I purchased credit monitoring and/or identity theft protection services between August 18, 2014 and **August 1, 2019**, primarily due to the Security Incident and not for other purposes.

Total amount for this category: \$, •

Examples: The cost of identity theft insurance, or credit monitoring service(s) that you purchased after hearing about this Security Incident.

Required: Attach a copy of a receipt or other proof of purchase for each product purchased (you may redact unrelated transactions).

II. You may also claim additional compensation for up to five hours of documented lost time spent dealing with issues related to the Security Incident or alleged identity fraud caused by the Security Incident calculated at the rate of \$15.00 per hour, but only if at least one full hour was spent.

- I swear or affirm that I spent at least one full hour dealing with issues relating to the Security Incident or alleged identity fraud.

Total number of hours claimed in Claim A (1-5):

III. To obtain reimbursement under this category, you must swear or affirm to the following:

- I purchased credit reports between August 18, 2014 and **August 1, 2019**, primarily due to the Security Incident and not for other purposes.

Total amount for this category: \$, •

Examples: The cost of a credit report(s) that you purchased after hearing about the Security Incident.

Required: Attach a copy of a receipt or other proof of purchase for each product purchased (you may redact unrelated transactions).

IV. Other incidental expenses attributable to the Security Incident.

- I swear or affirm that the incidental expenses listed below were incurred primarily due to the Security Incident and not for other purposes.

Examples of incidental expenses include: payments for credit freezes, unreimbursed overdraft fees, unreimbursed charges related to unavailability of funds, unreimbursed late fees, long distance telephone charges, cell phone minutes (if charged by minute), Internet usage charges (if charged by the minute), and text messages (if charged by the message).

Description of the Incidental Expense	Date of Loss	Amount	Type of Supporting Documentation
Examples:			
Unreimbursed overdraft fees	4/13/17	\$30.00	Copy of bank or credit card statement
Cell phone minutes (if charged by the minute)	5/01/17	\$5.00	Copy of bill from mobile phone company
TOTAL			

List additional incidental expenses on a separate sheet and submit with this Claim Form.
 You may redact unrelated transactions from supporting documentation.

Claim B: Fraud Loss Reimbursement Claim

To obtain reimbursement under this category, you must swear or affirm to the following:

- I incurred out-of-pocket expenses (other than self-purchase expenses provided in Claim A, above) from actual identity fraud and/or identity theft that occurred as a result of the Security Incident between April 1, 2014 and **August 1, 2019**, **AND** I swear or affirm that I have no knowledge of any other incidents of financial fraud identity theft due to causes other than the Security Incident, **AND** I swear or affirm that I have documentation of my out-of-pocket expenses as a result of the Security Incident, and have submitted such documentation with this Claim Form, **AND** I swear or affirm that none of the claimed out-of-pocket expenses have already been reimbursed by another source.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

Please provide a description of the identity fraud and/or identity theft. Please provide the date of the identity fraud and/or identity theft.

For each out-of-pocket expense (other than self-purchase expenses provided in Claim A, above) from actual identity fraud and/or identity theft that occurred as a result of the Security Incident, please provide a description of the identity fraud and/or identity theft, the expense, the date of loss, the dollar amount of the loss, and type of supporting documentation you will be submitting to support the loss. **You must provide ALL of this information for this claim to be processed.**

Description of the Out-of-Pocket Expense	Date of Loss	Amount	Type of Supporting Documentation
Examples:			
Unauthorized credit account opened at Best Buy. Held responsible for \$300 of charges.	4/13/17	\$300	Copy of invoice/billing statement and correspondence with Best Buy.
TOTAL			

List additional out-of-pocket expenses on a separate sheet and submit with this Claim Form.

Failure to swear or affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

3. **Certification**

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

By submitting this Claim Form, I declare under penalty of perjury under the law of the United States of America that the information provided in this Claim Form is true and correct and that this form was executed on the date set forth below. I further certify that any documentation that I have submitted in support of my claim consists of unaltered documents in my possession.

Please include your name in both the Claimant Signature and Printed Name fields below.

Claimant Signature

Date - -
MM DD YY

Printed Name

THIS CLAIM FORM MUST BE SUBMITTED OR POSTMARKED BY AUGUST 1, 2019, IN ORDER TO BE TIMELY AND VALID.