

CLAIM FORM

John Doe et al. v. SSM Health Care Corporation d/b/a SSM Health et al.
Case No. 2422-CC00208-01

This Claim Form should be filled out online or submitted by mail if you received a notification from Navvis that your Private Information was or may have been compromised in the Incident whereby unauthorized user(s) allegedly gained access to Navvis's network between July 12, 2023, and July 25, 2023, deployed ransomware, and obtained unauthorized access to Navvis's files, including the Private Information of approximately 2.8 million people(the "Incident").

The Claim Form is to be completed if: (i) you had out-of-pocket losses, (ii) you wish to collect a pro rata cash payment, (iii) or you wish to obtain additional credit monitoring services. You may get a payment if you fill out this Claim Form, if the settlement is approved, and if you are found to be eligible for a payment. You may submit a claim for one or more of these benefits. The settlement establishes a fund to compensate Settlement Class Members for certain of their out-of-pocket expenses and extraordinary losses, to provide credit monitoring services, and to provide Settlement Class Members with a pro rata cash payment, as well as for the costs of notice and administration, certain taxes, service award payments, and attorneys' fees and litigation expenses as awarded by the Court.

The settlement notice describes your legal rights and options. Please visit the official Settlement Website, **www.SettlementNavvis.com**, or call **1-888-379-3895** for more information.

If you wish to submit a claim for settlement benefits, you need to provide the information requested below. The deadline to submit this Claim Form online (or have it postmarked for mailing) is **July 7, 2025**.

1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

Settlement Claim ID: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and the Settlement Agreement (available at **www.SettlementNavvis.com**) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to settlement benefits.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include Documented Out-of-Pocket Expenses and Extraordinary Losses that you incurred as a result of the Incident, a pro rata cash payment to compensate for the loss of privacy associated with the Incident, and two additional years of credit monitoring services.

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

a. Documented Out-of-Pocket Expense Reimbursement:

All Settlement Class Members who submit a Valid Claim using the Claim Form, including necessary supporting documentation, are eligible for reimbursement of the following documented Out-of-Pocket Expenses (also referred to as “Ordinary Losses”) resulting from the Incident, not to exceed \$2,000 total per Settlement Class Member. Settlement Class Members must also have made reasonable efforts to avoid, or seek reimbursement for, such Ordinary Losses, including but not limited to exhaustion of all available credit monitoring insurance, identity theft insurance and fraud insurance.

_____ I incurred some or all of the following unreimbursed out-of-pocket expenses as a result of the Incident.

(i) unreimbursed bank or credit card fees; (ii) long distance phone charges (only if charged by the minute); (iii) long distance or cell phone charges (only if charged by the minute); (iv) data charges (only if charged based on the amount of data used); (v) postage; (vi) gasoline for local travel; and/or (vii) credit monitoring or other identity theft monitoring purchased by Settlement Class Members between July 12, 2023 and June 6, 2025.

Total amount for this category \$ _____

Settlement Class Members with Ordinary Losses must submit substantial and plausible documentation supporting their claims. This can include receipts or other documentation not “self-prepared” by the claimant that documents the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for Ordinary Losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.

b. Documented Extraordinary Loss Reimbursement:

Settlement Class Members are also eligible to receive reimbursement for documented extraordinary losses, not to exceed \$5,000 per Settlement Class Member for documented monetary loss that: (i) is an actual, documented and unreimbursed monetary loss caused by (A) injurious misuse of the Settlement Class Member's Private Information or (B) fraud associated with the Settlement Class Member's Private Information; (ii) was more likely than not caused by the Incident; (iii) occurred between July 12, 2023 and April 14, 2025; (iv) is not already covered by one or more of the above-referenced reimbursed expenses for Ordinary Losses; and (v) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of the Settlement Class Member's identity protection services, identity theft insurance or fraud insurance, if any such services/insurance applies.

_____ I incurred unreimbursed documented extraordinary losses as a result of the Incident.

Total amount for this category \$ _____

Settlement Class Members with Extraordinary Losses must submit substantial and plausible documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for Extraordinary Losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.

c. Two-years of Three-Bureau Credit Monitoring Services

_____ I would like to claim credit monitoring services.

d. Pro Rata Cash Payment

_____ I would like to claim a *pro rata* cash payment.

All Settlement Class Members are eligible to make a claim for a cash payment to compensate them for the loss of privacy associated with the Incident. The cash payment will be increased or decreased on a *pro rata* basis based on the number of Class Members who make claims and the terms of the Settlement Agreement.

3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is

true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

_____	_____	____/____/____
Signature	Print Name	Date

4. MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE.

This Claim Form must be:

Postmarked by **July 7, 2025** and mailed to: Navvis Settlement Administrator, P.O. Box 4285, Baton Rouge, LA 70821; OR

Emailed by midnight on **July 7, 2025** to info@settlementnavvis.com; OR

Submitted through the Settlement Website by midnight on **July 7, 2025** at: www.SettlementNavvis.com.