

Banner Health Settlement Claim Form

If you received notice from Banner Health that your personal information may have been compromised as a result of a cyberattack that occurred in June and July of 2016 (the "Security Incident") at Banner Health, you may submit a claim. **CLAIMS MUST BE POSTMARKED OR FILED ONLINE NO LATER THAN FEBRUARY 9, 2021.** Claims submitted after this date will not be considered, and you will not be paid.

You may submit a claim for the following benefits:

1. **Ordinary Cash Reimbursement:** a cash payment for up to three hours of undocumented lost time in connection with the Security Incident and/or additional documented expenses or monetary loss (up to \$500.00 per Class Member);
2. **Extraordinary Cash Reimbursement:** a cash payment for up to 15 additional hours of documented lost time in connection with the Security Incident and/or additional documented expenses or monetary loss (up to \$10,000.00 per Class Member); and/or
3. **Two Years of Credit Monitoring:** two years of additional credit monitoring, including \$1 million in identity theft coverage.

Settlement benefits will be distributed only if the Settlement is approved by the Court. For details regarding Ordinary and Extraordinary Cash Reimbursement, please review the FAQ page at www.bh-settlement.com or call 1-877-514-0829. **Please note: The Claims Administrator may contact you to request additional documents or information needed to process your claim.**

I. Claimant Information

The information you provide below will be used only to contact you regarding the Settlement and process your claim. If your contact information changes after you submit your claim, please notify us promptly by emailing info@bh-settlement.com.

Claimant ID: _____

(Your Claimant ID is located on the front of the Postcard Notice you received, e.g. 1A2B3C4D5E. If you are unable to locate your Claimant ID, please contact the Claims Administrator at info@bh-settlement.com or 1-877-514-0829.)

First Name: _____ Middle Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Primary Email Address: _____

(Your email address will only be used to provide you with instructions on how to enroll for free credit monitoring benefits.)

II. Credit Monitoring

Credit Monitoring: Free Service

All Settlement Class Members who submit a valid claim and check “Yes” below shall receive two years of additional credit monitoring in addition to any lost time and expenses that are claimed. The credit monitoring service will be provided by Identity Guard Total.

Do you wish to sign up for two additional years of free credit monitoring?

Yes, I want to sign up to receive free credit monitoring.

If you select “yes” for this option, an email containing an activation code will be sent to you after the Settlement is approved. Credit monitoring services will not begin until you use your activation code to enroll. Instructions will be provided by email, or by mail to your home address if you do not have an email address. Identity Guard Total will not try to “upsell” any services or otherwise ask you to submit any payment for these services now or in the future.

III. Reimbursement for Out-of-Pocket Expenses

Reimbursement for Out-of-Pocket Expenses

Complete this section to claim reimbursement for out-of-pocket expenses. If you do not want to claim out-of-pocket expenses, click “Next” to skip this section.

You may claim the following ordinary out-of-pocket expenses if they were incurred after June 17, 2016 and were related to the Security Incident: (i) long-distance telephone charges; (ii) cell phone minutes (if charged by minute); (iii) internet usage charges (if charged by minute or by the amount of data usage and incurred solely as a result of the Security Incident); (iv) documented costs associated with miscellaneous expenses such as notary, fax, postage, copying, and mileage; (v) documented costs associated with credit freezes; and (vi) documented costs of credit-monitoring services active between August 3, 2017 and the date credit monitoring becomes available under this settlement. Compensation for ordinary out-of-pocket expenses, including up to three hours of lost time, is capped at \$500.

You may also claim the following extraordinary out-of-pocket expenses if they were incurred after June 17, 2016 and were related to the Security Incident: (i) documented credit-monitoring or identity-protection services obtained after receiving notice of the Security Incident above any amounts compensated as Ordinary Expenses; (ii) documented professional fees and other costs incurred to address identify fraud or theft, including but not limited to, falsified tax returns, new account fraud, existing account fraud, account takeover, and medical identify theft; and (iii) other documented unreimbursed losses, fees, or charges incurred as a result of identity fraud or theft, including but not limited to, unreimbursed bank fees, unreimbursed card reissuance fees, unreimbursed overdraft fees, unreimbursed charges related to unavailability of funds, unreimbursed late fees, unreimbursed over-limit fees, unreimbursed charges from banks or credit card companies, and interest on payday loans due to card cancellation or due to over-limit situations. Compensation for extraordinary out-of-pocket expenses, including up to fifteen additional hours of lost time, is capped at \$10,000.

* * * * *

For each category below for which you wish to claim reimbursement, provide the total amount you paid out-of-pocket and were not otherwise reimbursed for, as well as the approximate date(s) and an explanation of how the expense related to the Security Incident.

Ordinary Expenses:		
Category	Out-of-Pocket Expense Paid	Approximate Date(s)
Long-distance telephone charges	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		
Cell minutes (if charged by minute)	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		
Internet usage charges (if charged by minute or by the amount of data usage and incurred solely as a result of the Security Incident)	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		
Documented costs associated with miscellaneous expenses such as notary, fax, postage, copying, and mileage	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		
Documented costs associated with credit freezes	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		
Documented costs of credit-monitoring services active between August 3, 2017 and the date credit monitoring becomes available under this settlement	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		

Extraordinary Expenses:		
Category	Out-of-Pocket Expense Paid	Approximate Date(s)
Documented credit-monitoring or identity-protection services obtained after receiving notice of the Security Incident above any amounts claimed as Ordinary Expenses	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		
Documented professional fees and other costs incurred to address identify fraud or theft, including but not limited to, falsified tax returns, new account fraud, existing account fraud, account takeover, and medical identify theft	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		
Other documented unreimbursed losses, fees, or charges incurred as a result of identity fraud or theft, including but not limited to, unreimbursed bank fees, unreimbursed card reissuance fees, unreimbursed overdraft fees, unreimbursed charges related to unavailability of funds, unreimbursed late fees, unreimbursed over-limit fees, unreimbursed charges from banks or credit card companies, and interest on payday loans due to card cancellation or due to over-limit situations	\$	
Explain how the expense was related to the Security Incident: _____ _____ _____		

IV. Reimbursement for Lost Time

Reimbursement for Lost Time

You may claim reimbursement for lost time spent resolving documented out-of-pocket expenses that you claimed in the previous section of this Claim Form. Skip this section if you do not want to claim lost time.

Lost time up to three hours will be compensated at the rate of \$15.00 per hour and does not require additional documentation. Claims for lost time in excess of three hours must be supported by documentation showing that you took unpaid time off work to resolve documented out-of-pocket expenses. If you claim more than five hours of extraordinary lost time, you must also provide a documented or written showing of how the time was spent and why it was necessary. If your standard rate of compensation exceeds \$15.00 per hour, you may also submit documentation proving your rate of compensation (such as a paystub), in which case payment for extraordinary lost time shall be at the actual rate of compensation up to a maximum of \$40.00 per hour. Lost time will not be reimbursed for more than a total of 18 hours.

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How much time did you lose related to the Security Incident? _____ : _____
 (Do not answer this question if you are not claiming lost time.) *Hours Minutes*

If you are claiming *more than* three hours of lost time, complete the section below to indicate which out-of-pocket expenses the lost time relates to.

Category	Time Spent	Approximate Date(s)	
Long-distance telephone charges	_____ : _____ <i>Hours Minutes</i>		<input type="checkbox"/> This time was unpaid time off from work, and I earn more than \$15.00/hour.
Cell minutes (if charged by minute)	_____ : _____ <i>Hours Minutes</i>		<input type="checkbox"/> This time was unpaid time off from work, and I earn more than \$15.00/hour.
Internet usage charges (if charged by minute or by the amount of data usage and incurred solely as a result of the Security Incident)	_____ : _____ <i>Hours Minutes</i>		<input type="checkbox"/> This time was unpaid time off from work, and I earn more than \$15.00/hour.
Documented costs associated with miscellaneous expenses such as notary, fax, postage, copying, and mileage	_____ : _____ <i>Hours Minutes</i>		<input type="checkbox"/> This time was unpaid time off from work, and I earn more than \$15.00/hour.
Documented costs associated with credit freezes	_____ : _____ <i>Hours Minutes</i>		<input type="checkbox"/> This time was unpaid time off from work, and I earn more than \$15.00/hour.
Documented costs of credit-monitoring services active between August 3, 2017 and the date credit monitoring becomes available under this settlement	_____ : _____ <i>Hours Minutes</i>		<input type="checkbox"/> This time was unpaid time off from work, and I earn more than \$15.00/hour.

Category	Time Spent	Approximate Date(s)	
Documented professional fees and other costs incurred to address identify fraud or theft	_____ : _____ <i>Hours Minutes</i>		<input type="checkbox"/> This time was unpaid time off from work, and I earn more than \$15.00/hour.
Other documented unreimbursed losses, fees, or charges incurred as a result of identity fraud or theft	_____ : _____ <i>Hours Minutes</i>		<input type="checkbox"/> This time was unpaid time off from work, and I earn more than \$15.00/hour.

V. Supporting Documentation

CLAIMS FOR OUT-OF-POCKET EXPENSES AND LOST TIME IN EXCESS OF THREE HOURS MUST BE SUPPORTED BY DOCUMENTATION. Please do not submit original documents. Instead, make a copy and retain the original for your records.

Documentation is also required if you are claiming more than three hours of lost time, you took unpaid time off from work related to the Security Incident, and your standard rate of compensation is greater than \$15.00. If you do not submit sufficient documentation of your standard rate of compensation, your lost time will be reimbursed at \$15.00 per hour. If you are claiming more than eight hours of lost time, you must also submit a documented or written showing of how the time was spent and why it was reasonably necessary.

VI. Affirmation

Signature

By signing below, I affirm that any time and expenses I have claimed were primarily incurred due to the Security Incident. I also affirm that the information supplied in this Claim Form and any supplemental documentation attached is true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is considered complete.

Signature: _____

Date: _____