4684000000000

CLAIM FORM

This claim form should be filled out online or submitted by mail if you received a notification from HFMI on behalf of St. Mary's relating to cyberattack against HFMI's computer systems that occurred on or about April 13, 2020 (the "Data Incident"), and you had out-of-pocket expenses or lost time spent dealing with the Data Incident, or you wish to claim credit monitoring and identity protection services to be paid for by HFMI. You may get a check if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, **www.stmaryshfmisettlement.com**, or call 1- 833-910-3606 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by April 14, 2022.

1. CLASS MEMBER INFORMATION.

Name *(REQUIRED)*:_____ _____
FirstName LastName

_____
Number and Street *(REQUIRED)*

_____ ___ ___ ___ ___ ___ ___ ___
City *(REQUIRED)* State *(REQUIRED)* Zip Code *(REQUIRED)*

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ _____
Telephone Number *(REQUIRED)* Email Address (Optional)

46840___ ___ ___ ___ ___ ___ ___ ___ ___
Class Member ID *(REQUIRED)*

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and sections 2.1 of the Settlement Agreement (available at **www.stmaryshfmisettlement.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 a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include: out-of-pocket expenses that you had to pay as a result of the Data Incident (up to a maximum of $750.00), time you had to spend dealing with the effects of the Data Incident, and up to two years of TransUnion credit monitoring and identity protection services to be paid for by HFMI. 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. Out-of-Pocket Expenses Resulting from the Data Incident:

_____ I incurred unreimbursed charges incurred as a result of the Data Incident.

Examples - unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after April 12, 2020, through April 14, 2022; and miscellaneous expenses such as notary, fax, postage, copying, mileage and long-distance telephone charges, that were incurred on or after April 12, 2020, through April 14, 2022.

Total amount for this category $ _____

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between April 12, 2020, through April 14, 2022, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. *(Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the HFMI Data Incident and not for any other purpose).*

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

b. Between one and three hours of documented time spent dealing with the Data Incident

_____ I certify that I spent time dealing with the effects of the Data Incident.

Examples – You spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. You spent at least one full hour rescheduling medical appointments and/or finding alternative medical care and treatment, retaking or submitting to medical tests, locating medical records, retracing medical history as a result of the Data Incident.

I certify that the following amount of time in response to the Data incident:

____ 1 hour ____ 2 hours ____ 3 hours

c. Claim up to 2-years of credit monitoring and identity protection services.

_____ I would like to claim up to 2-years of credit monitoring and identity protection services.

The Settlement requires HFMI to provide up to two-years of credit monitoring and identity protection services through TransUnion *my*TrueIdentity to any class member who timely claims it. Settlement Class Members who already signed up for this service through HFMI will receive one additional year.

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 or Claims Referee before my claim will be considered complete and valid.

_____	_____	___ ___ / ___ ___ / ___ ___ ___ ___
Signature	*Print Name*	*Month/Day/Year*

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

This claim form must be:

Postmarked by April 14, 2022 and mailed to:

Cece v. HFM
c/o Kroll Settlement Administrator
P.O. Box 5324
New York, NY 10150-5324

OR

Emailed by midnight on April 14, 2022 to: info@Stmaryshfmisettlement.com OR Submitted through the Settlement Website by midnight on April 14, 2022.