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**Your Claim Form
Must Be Submitted On
or Before Wednesday,
May 7, 2025**

In re: Fred Hutchinson Cancer Center Data Breach Litigation
King County Superior Court in the State of Washington
(Case No. 23-2-24266-1 SEA)
Claim Form

For Office Use Only

This Claim Form should be filled out online or submitted by mail if you are a Person residing in the United States whose Private Information was potentially or actually compromised in the Data Security Incident discovered by Fred Hutchinson Cancer Center on its clinical network on or about November 19, 2023, including all those who were sent notice by Fred Hutchinson Cancer Center or its authorized representatives. Benefits may include: (i) up to \$5,000 in reimbursement for documented Out-of-Pocket Losses, (ii) a Pro Rata Cash Fund Payment of up to \$599, and (iii) Medical Identity-Theft Protection and Monitoring Services for two (2) years.

The Long Notice describes your legal rights and options. Please visit the official Settlement Website, www.FredHutchSettlement.com, or call toll-free (833) 876-2470 for more information.

If you wish to submit a claim for a settlement payment, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and **postmarked by Wednesday, May 7, 2025**.

FHCC Data Breach - 83118
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. **THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE.** YOU MAY ALSO FILE YOUR CLAIM ONLINE AT WWW.FREDHUTCHSETTLEMENT.COM.

1. SETTLEMENT CLASS MEMBER INFORMATION

Provide your name and required information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form:

_____ **First Name** _____ **MI** _____ **Last Name**

_____ **Address 1**

_____ **Address 2**

_____ **City** _____ **State** _____ **Zip Code**

Telephone Number (optional): (_____) _____ - _____

Email Address: _____ @ _____

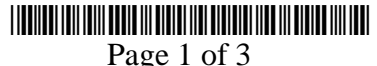
Class Member ID: 8 3 1 1 8 _____



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2. PAYMENT AND MEDICAL MONITORING ELIGIBILITY INFORMATION.

Please review the Long Notice and paragraphs 2.2.1, 2.2.3, and 2.3 of the Settlement Agreement for more information on who is eligible for a payment and/or free Medical Identity-Theft Protection and Monitoring, and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement payment or other benefit.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each benefit that you intend to claim. You may claim any or all of these benefits.

Medical Identity-Theft Protection and Monitoring:

All Settlement Class Members may submit a Claim for Medical Identity-Theft Protection and Monitoring. Settlement Class Members are eligible to receive two (2) years of Medical Shield Complete, a medical information protection and monitoring service offered through CyEx. This service monitors medical and healthcare data to determine whether consumers' private health information is at risk or has been exposed to medical fraud, and comes with single-bureau credit monitoring. Settlement Class Members may claim this service regardless of whether they make a claim for Out-of-Pocket Losses or *Pro Rata* Cash Fund Payments. Settlement Class Members will need to enroll to receive this benefit.

I wish to make a claim for two (2) years of free Medical Identity-Theft Protection and Monitoring Services.

Pro Rata Cash Fund Payments:

All Settlement Class Members are eligible to make a claim for a cash fund payment of up to \$599, regardless of whether they make a claim for Out-of-Pocket Losses. The *Pro Rata* Cash Fund Payments will evenly distribute the net amount of the Settlement Fund, after payment of all approved claims for Out-of-Pocket Losses, notice and administration expenses, the cost of Medical Identity-Theft Protection and Monitoring, any attorneys' fees and expenses award, and service awards, to each Settlement Class Member who submits a Valid Claim. While these payments may be up to \$599, if many Settlement Class Members elect to receive this payment, this amount will be correspondingly smaller. For example, if five percent (5%) of the Settlement Class elect to receive both medical monitoring and *pro rata* benefits from the Settlement (and without accounting for any claims for Out-of-Pocket Losses), this payment may be approximately \$60, depending on the net amount of the Settlement Fund available after the cost of any approved claims for Out-of-Pocket Losses, notice and administrative expenses, Medical Identity-Theft Protection and Monitoring, attorneys' fees and expenses award, and service awards.

I wish to make a claim for a *Pro Rata* Cash Fund Payment of up to \$599.

Compensation for Out-of-Pocket Losses:

All Settlement Class Members may submit a claim for documented Out-of-Pocket Losses incurred as a direct result of the Data Security Incident. Examples of the kind of documented Out-of-Pocket Losses that may be claimed include unreimbursed losses relating to fraud or identity theft, unreimbursed costs of credit monitoring incurred between the time of the Data Security Incident (on or about November 10, 2023) and the time the claim is submitted, postage, copying, scanning, faxing, mileage and other travel-related charges, parking, notary charges, research charges, cell phone charges (only if charged by the minute), long distance phone charges, data charges (only if charged based on the amount of data used), text message charges (only if charged by the message), bank fees, accountant fees, and attorneys' fees, all of which must be fairly traceable to the Data Security Incident and must not have been previously reimbursed by a third party. Expenses must be attested to and supported by documentation substantiating the full extent of the amount claimed.

I wish to make a claim for documented Out-of-Pocket Losses incurred as a result of the Data Security Incident. This category is capped at \$5,000. I understand I must provide a description of the charges sought to be reimbursed in the table below. You must provide supporting documentation.



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Approximate Amount of Expense and Date	Description of Expense or Money Paid and Supporting Documents (Identify what you are attaching, and why it is related to the Data Incident)
\$ _____ . ____ Date: ___/___/____	<hr/> <hr/> <hr/>
\$ _____ . ____ Date: ___/___/____	<hr/> <hr/> <hr/>
\$ _____ . ____ Date: ___/___/____	<hr/> <hr/> <hr/>
\$ _____ . ____ Date: ___/___/____	<hr/> <hr/> <hr/>

If you are seeking reimbursement for Out-of-Pocket Losses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred.

You may mark out any transactions that are not relevant to your claim before sending the documentation.

I declare under the laws of the United States and the laws of my state of residence that the information supplied in this claim form is true and correct to the best of my knowledge and recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Settlement Administrator to provide supplemental information before my claim will be considered complete and valid.		
_____ Signature	_____ Print Name	____/____/_____ Date (mm/dd/yyyy)

3. REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form please visit the Settlement Website at www.FredHutchSettlement.com and notify the Claims Administrator using the Contact page located on the Settlement Website or send written notification of your new address to FHCC Data Breach – 83118, c/o Kroll Settlement Administration LLC, P.O. Box 225391, New York, NY 10150-5391. Make sure to include your Class Member ID and phone number in case we need to contact you to complete your request.
3. For more information, please visit the settlement administration website at www.FredHutchSettlement.com or call the Claims Administrator at (833) 876-2470. Please do not call the Court or the Clerk of the Court.



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