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Your claim must be submitted online or postmarked by: March 10, 2025.

CLAIM FORM FOR DATA INCIDENT SETTLEMENT

Johnson, et al. v. One Brooklyn Health System, Inc., Index No. 512485/2023

OBH

GENERAL INSTRUCTIONS

If you were notified that you are a Class Member of a Settlement that was reached as a result of a Data Incident that occurred at One Brooklyn Health System, Inc. ("OBH") when personal information was accessed by an unauthorized person (the "Data Incident"), you are eligible to complete this Claim Form.

As a Settlement Class Member, you are eligible to make a claim for one of the following two options:

- (1) 24 months of identity protection and credit monitoring service free of charge and compensation for documented unreimbursed out-of-pocket losses up to \$2,500.00, including up to four hours of lost time spent dealing with the Data Incident at \$25/hour; OR
(2) an Alternative Cash Payment, the amount of which will be determined based on the amount remaining in the Settlement Fund after the amounts in the Settlement Fund have been distributed in accordance with the Settlement Agreement.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim. This Claim Form should be completed by the individual who received notification from OBH, or someone legally authorized to act on behalf of the individual who received a notification from OBH.

This Claim Form may be submitted electronically via the Settlement Website at OBHSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. Mail to:

One Brooklyn Health Data Incident Settlement Administrator PO Box 5645 Portland, OR 97228-5645

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name MI Last Name (grid boxes)

Street Address (grid boxes)

City State ZIP Code (grid boxes)

Telephone Number (grid boxes)

Email Address (grid boxes)

Notice ID Number (grid boxes)

Questions? Go to OBHSettlement.com or call 1-888-961-5105.



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II. ALTERNATIVE CASH PAYMENT

Check this box if you wish to receive an Alternative Cash Payment instead of payment for Out-of-Pocket Losses and Attested Time, and/or Credit Monitoring. The amount of the Alternative Cash Payment will depend on the amount of claims for Alternative Cash Payments and the amount of funds remaining in the Settlement Fund after all other distributions have been made, as explained in the Settlement Agreement.

You may NOT claim the Alternative Cash Payment AND claim Out-of-Pocket Losses and Attested Time, and/or Credit Monitoring. If you claim the Alternative Cash Payment, you give up the right to receive reimbursement for Out-of-Pocket Losses and Attested Time, and Credit Monitoring.

III. CREDIT MONITORING

Check this box if you did not select the Alternative Cash Payment and wish to receive 24 months of free three bureau credit monitoring.

IV. UNREIMBURSED LOSSES AND LOST TIME

In lieu of the Alternative Cash Payment, you may submit a Claim Form and supporting documentation for reimbursement of documented out-of-pocket expenses that were incurred as a result of the Data Incident and reimbursement for time lost as a result of the Data Incident. Check the box for each category of benefits you would like to claim.

You must reasonably describe the Out-of-Pocket Losses and Lost Time, provide supporting documentation of the Out-of-Pocket Losses, and attest that the losses were incurred as a result of the Data Incident. Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

A. UNREIMBURSED LOSSES

Settlement Class Members who submit a Valid Claim using this Claim Form and supporting documentation are eligible for reimbursement of up to \$2,500.00 of unreimbursed out-of-pocket expenses resulting from the Data Incident (the cap of \$2,500.00 includes reimbursement for lost time).

Examples: Documented bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel relating to the Data Incident; fees for credit reports, credit monitoring, or other identity theft insurance products purchased between July 9, 2022 and March 10, 2025.

I incurred unreimbursed losses as a result of the Data Incident totaling \$ [] [] [] [] [] [] . [] [] (max \$2,500.00).

Describe your unreimbursed losses below, including the date the loss was incurred and its relation to the Data Incident:

Four horizontal lines for describing unreimbursed losses.

Documentation of unreimbursed losses is required. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

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If you are seeking reimbursement for fees, expenses, or charges, you MUST 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 products purchased between July 9, 2022 and March 10, 2025, you MUST attach a copy of a receipt or other proof of purchase for each credit report or product purchased.

Examples: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e., police station, IRS office), indication of why you traveled there (i.e., police report or letter from IRS re: falsified tax return) and number of miles you traveled; receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.

All unreimbursed losses must be more likely than not attributable to the Data Incident and must not have been previously reimbursed.

I attest and affirm under penalty of perjury that to the best of my knowledge and belief any claimed unreimbursed losses have not been previously reimbursed and were incurred as a result of the Data Incident.

B. LOST TIME

All members of the Settlement Class who have spent time dealing with the Data Incident may claim up to four (4) hours of lost time at a rate of \$25.00 per hour (so long as the cap of \$2,500.00 for unreimbursed losses has not already been met). You must reasonably describe the lost time and attest that the time was spent dealing with the Data Incident. No supporting documentation is required.

Examples: You spent time 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.

Hours claimed (up to 4 hours): hours at \$25.00 per hour.

I attest and affirm under penalty of perjury that to the best of my knowledge and belief any claimed lost time was spent related to the Data Incident.

Describe the Lost Time:

Multiple horizontal lines for describing lost time.

V. PAYMENT SELECTION

Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment:

Digital Payment- The payment email will be sent to the email address provided above. If no email is provided, you will receive a check. Several electronic payment options will be available including Venmo, ACH, PayPal, or you can elect a check.

Physical Check - Payment will be mailed to the address provided above.

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VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

Date - -
MM DD YYYY

Printed Name

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