

**Must be postmarked or submitted online  
NO LATER THAN March 28, 2025**

DCHBX Data Incident Settlement Administrator  
P.O. Box 4710  
Portland, OR 97208-4710  
[www.DCHBXSettlement.com](http://www.DCHBXSettlement.com)

**Group II CLAIM FORM**

This Claim Form should be filled out online or submitted by mail if you received a notification from the **District of Columbia Health Benefit Exchange Authority d/b/a DC Health Link (“DCHBX”)** that your personal information was or may have been compromised in the “Data Incident” which means the unauthorized access by an unauthorized third party on DCHBX’s computer systems which was discovered in or around March 2023, that resulted in the possible access of Private Information by the unauthorized third party.

The Claim Form is to be completed if: (i) you had out-of-pocket losses, (ii) you wish to collect an alternative pro rata cash payment, (iii) you wish to claim credit monitoring and identity restoration services. 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 establishes a fund to compensate Settlement Class Members for their out-of-pocket losses, to provide credit monitoring services, and/or 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 attorney fee awards and costs as awarded by the Court.

**Please complete this Claim Form on behalf of the individual who received a notification from DCHBX. If you are the parent or guardian of a minor who received a notification, please submit the form using the minor’s personal information.**

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, [www.DCHBXSettlement.com](http://www.DCHBXSettlement.com), or call 1-888-897-4085 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. If submitting by mail, please print clearly in blue or black ink. The **DEADLINE** to submit this claim form online (or have it postmarked for mailing) is **March 28, 2025**.

**Settlement Class Member Information**

**YOU MUST INCLUDE YOUR CLASS MEMBER ID in Section 1 below. You can locate your Unique ID at the top of the postcard Notice that was sent to you. ALL INFORMATION IS REQUIRED.**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address
<input type="text"/>

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number
<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address
<input type="text"/>

Unique ID (located on the notice mailed to you) *
<input type="text"/>

\*If you are unable to locate your Unique ID, contact the Settlement Administrator at: 1-888-897-4085.

Yes, I am the parent or guardian of a minor completing this form on the minor’s behalf.

Parent/Guardian First Name

MI

Parent/Guardian Last Name

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Yes, I previously enrolled in the credit monitoring services offered by DCHBX.

Please review the notice and Section IV of the Settlement Agreement (available at [www.DCHBXSettlement.com](http://www.DCHBXSettlement.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. You may choose to claim relief offered under “Option 1” **OR** “Option 2,” **AND** “Option 3.” Option 1 Categories include out-of-pocket losses that you had to pay as a result of the Data Incident. Under Option 2, you may choose to receive a *pro rata* cash payment from any funds remaining in the Settlement Fund. And “Option 3” provides one year of credit monitoring and identity protection services.

**Option 1 – Documented Out-of-Pocket Losses**

Yes, I would like to claim reimbursement for documented losses. I understand that if I check this box, I am not eligible to recover an alternative cash payment under Option 2.

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).

(Group 2 Class Members can claim up to \$2,500 in Documented Ordinary Losses).

Examples of Documented Ordinary Losses incurred as a result of the Data Incident: unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your information; costs incurred on or after **March 5, 2023** to the submission of this claim, no later than **March 28, 2025**, associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after **March 5, 2023** to the submission of this claim, no later than **March 28, 2025**.

## Documented Ordinary Out-of-Pocket Losses

You can receive reimbursement for Documented Ordinary Losses, which are out-of-pocket losses, incurred on or after **March 5, 2023** to the submission of this claim, including, but not limited to: unreimbursed bank or credit card fees, credit monitoring costs, long-distance phone charges, postage, or gasoline for local travel incurred as a result of identity theft or fraud. These out-of-pocket costs must be reasonably related and fairly traceable to the Data Incident or to mitigating the effects of the Data Incident. Please describe below the cost incurred, including the date the cost was incurred, the amount of the cost, identify the supporting documentation, and a brief description of the reason the costs were incurred.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
Unreimbursed Bank or credit card fees.  <i>Examples: Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM                  DD                  YYYY	<hr/> <hr/> <hr/>
Other incidentals.  <i>Example: long-distance phone charges, postage, or gasoline for local travel incurred as a result of identity theft or fraud.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM                  DD                  YYYY	<hr/> <hr/> <hr/>
Credit monitoring costs.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM                  DD                  YYYY	<hr/> <hr/> <hr/>

**Supporting documentation and descriptions must be provided. Supporting documentation must not be “self-prepared,” such as handwritten receipts, and must demonstrate reasonable costs incurred and how the loss is fairly traceable to the Data Incident. You may mark out any transactions that are not relevant to your claim before sending in the documentation.**

### Option 2 - Alternative Cash Payment

In lieu of claiming relief under Option 1, Group 1 and 2 Settlement Class Members may make a claim for an Alternative Cash Payment that will be calculated *pro rata* according to whether the claimant is a Group 1 or Group 2 Settlement Class Member. Group 1 Alternative Cash Payments shall be three times (3x) the amount of Group 2 Alternative Cash Payments. The payments shall be calculated by dividing remaining funds in the Settlement Fund, after payment of Settlement Administration Fees, Attorneys’ Fees Costs and Expenses, Credit Monitoring and Identity Restoration Services, and Documented Monetary Losses, by the number of eligible claims. In making this calculation, each Group 1 Alternative Cash Payment claim will be counted as three claims, while each Group 2 Alternative Cash Payment claim will be counted as one claim.

Yes, I would like to claim a pro rata cash payment. I understand that if I check this box I am not eligible to recover documented losses under Option 1.

### Option 3 - Credit Monitoring and Identity Protection Services

In addition to Option 1 or 2, Group 1 and 2 Settlement Class Members may make a claim for 1 year of Three-Bureau Credit Monitoring and Identity Protection Services (Group 1 and 2 Class Members can claim 1 year of 3-bureau credit monitoring and identity theft protection services, including up to \$1,000,000 in identity fraud insurance, provided they have not enrolled in the credit monitoring services previously offered by DCHBX).

Yes, I want to sign up for Credit Monitoring and Identity Protection Services.

### Payment Selection

If eligible for a cash payment please select the method of payment. If electronic payment is selected the payment method will be sent to the email address provided in the Member Information.

Check                       Electronic Payment

### Sign and Date Claim Form

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. If submitting this Claim Form on behalf of a minor child, I affirm that I am the parent or legal guardian of the minor child.

I acknowledge that, as of the Effective Date of the Settlement, pursuant to the terms set forth in the Settlement Agreement, and by operation of law and the Final Judgment, I shall be deemed to release and forever discharge and shall be forever enjoined from prosecuting any claims relating to the Data Breach and the Released Claims against DCHBX and the Released Persons (as more fully defined in the Settlement Agreement and/or Final Judgment).

I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature

Date: 

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MM                      DD                      YYYY

Print Name

### MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE

This claim form must be:

Postmarked by **March 28, 2025**, and mailed to: DCHBX Data Incident Settlement Administrator, P.O. Box 4710, Portland, OR 97208-4710; OR

Submitted through the Settlement Website by midnight on **March 28, 2025**, at: [www.DCHBXSettlement.com](http://www.DCHBXSettlement.com).