

This Claim Form should be filled out online if you logged into the EMC MyChart patient portal, and/or submitted an online form and/or scheduled a laboratory appointment on EMC's public website www.eisenhowerhealth.org between January 1, 2019, and May 3, 2023, and would like to receive a payment from the Settlement. You may receive a payment if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for the payment.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, www.EMCWebSettlement.com, or call 1-866-972-3872 for more information.

If you wish to submit a claim for a Settlement payment, you need to provide the information requested below. This Claim Form must be submitted online at the Settlement Website by **October 2, 2025** or mailed to the Settlement Administrator at: Eisenhower Medical Center Settlement Administrator, P.O. Box 3274, Baton Rouge, LA 70821 postmarked no later than **October 2, 2025**.

I. CLASS MEMBER NAME, CONTACT, AND ELIGIBILITY INFORMATION

Provide below your name, mailing address, 10-digit telephone number, email address associated with your EMC MyChart account or otherwise on record with EMC, and the unique Settlement Class Member Identification Number listed on the settlement notice you received via email or mailed postcard. You may also upload/provide other proof that you are a Settlement Class Member, such as confirmation of online form submission or laboratory appointment scheduling. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Phone Number

Email Address for EMC MyChart Account

Settlement Class Member ID #

II. RELIEF SELECTION

Please review the Settlement Notice and Section VI of the Settlement Agreement (available at www.EMCWebSettlement.com) for more information on who is eligible for a payment.

I choose a cash payment of a *pro rata* share of the Net Settlement Fund.

_____By marking this line, I am requesting cash payment of a *pro rata* share of the Net Settlement Fund.

III. PAYMENT OPTIONS

Please select from **one** of the following payment options to receive your cash payment:

PayPal -- Enter your PayPal email address: _____

Venmo -- Enter the mobile number associated with your account: _____ - _____ - _____

Zelle -- Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

Mailed Check -- Enter the address where you would like your check to be mailed:

[Street Address]

[City]

[State]

[Zip Code]

IV. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury under the laws of the United States of America and the laws of the State of California that I am a Settlement Class Member and the information submitted on this Claim Form is true and correct to the best of my knowledge.

I understand that my Claim Form may be subject to audit, verification, and Court review, and that I may be asked to timely provide supplemental information by the Settlement Administrator before my claim can be considered complete and valid. I also understand that by submitting this claim, I am releasing all Released Claims, as detailed in the Notice of the Proposed Class Action Settlement.

Your signature

Date: _____
MM DD YYYY

Your name

City and State of Execution

SUBMIT YOUR CLAIM FORM ONLINE.

This Claim Form must be submitted through the Settlement Website by midnight on **October 2, 2025** or mailed to the Settlement Administrator at info@EMCWebSettlement.com, postmarked no later than **October 2, 2025**.