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**Your Claim must
be submitted
online or
postmarked by:
October 14, 2025**

CLAIM FORM FOR MOUNT SINAI LITIGATION

Cooper, et al., v. Mount Sinai Health System, Inc.

Case No. 1:23-cv-09485- PAE

United States District Court for the Southern District of New York

**MOUNT
SINAI-C**

GENERAL INSTRUCTIONS

You are a Settlement Class Member if you are a Mount Sinai MyChart account holder who logged into your MyChart account through <https://mychart.mountsinai.org/> between October 27, 2020 and October 27, 2023. You may submit a Settlement Claim for a Claim Payment, outlined below.

Please refer to the Long-Form Notice posted on the Settlement Website www.mountsinaisettlement.com, for more information on submitting a Claim Form and if you part of the Settlement Class.

To receive a Claim Payment from this Settlement via an electronic payment, you must submit the Claim Form below electronically at www.mountsinaisettlement.com by October 14, 2025.

This Claim Form may also be 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:

Mount Sinai Settlement
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150- 5391

Settlement Class Members under the Settlement Agreement will be eligible to receive the following compensation:

- ❖ **Claim Payment:** Claim Payments to each Settlement Class Member that submits a valid Claim Form;
 - Each Claim Payment shall equal the *pro rata* share of the monies remaining in the Settlement Fund after the payment of settlement class counsels' attorneys' fees and litigation expenses, named plaintiff service awards, and settlement and administration costs.

I. PAYMENT SELECTION

If you would like to elect to receive your Claim Payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

Questions? Go to www.mountsinaisettlement.com or call toll-free (833) 890-5910.



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**MOUNT
SINAI-C****II. SETTLEMENT 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 Claim Form.

First Name_____
Last Name_____
Address 1_____
Address 2_____
City_____
State_____
Zip Code**Email Address:** _____@_____**Telephone Number (optional):** (_____) _____ - _____**III. PROOF OF SETTLEMENT CLASS MEMBERSHIP**☐

Check this box to certify you are a Mount Sinai MyChart account holder who logged into your MyChart account through <https://mychart.mountsinai.org/> between October 27, 2020 and October 27, 2023.

Enter the Unique ID Number provided on your Email or Short-Form Notice:

Unique ID: 8 3 2 0 5 _____

Questions? Go to www.mountsinaisettlement.com or call toll-free (833) 890-5910.



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IV. CLAIM PAYMENT

By checking the box below, I choose to make a Settlement Claim for a Claim Payment that will be equal the *pro rata* share of the monies remaining in the Settlement Fund after the payment of settlement class counsels' attorneys' fees and litigation expenses, named plaintiff service awards, and settlement and administration costs.

☐

Yes, I choose a *pro rata* Claim Payment

V. 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)

Print Name

