

BJC Health Privacy Settlement
Twenty-Second Judicial Circuit Court of the City of St. Louis, Missouri
Case No. 2222-CC09151-01
Settlement Claim Form

Claims must be postmarked or submitted online by October 8, 2025.

Please read the full Notice of this Settlement (available at www.BJCPrivacySettlement.com) carefully before filling out this Claim Form.

To be eligible to receive a cash payment from the Settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail.

Mail your completed Claim Form to:

BJC Privacy Settlement Administrator
P.O. Box 2600
Portland, OR 97208-2600

*First Name

[illegible]

*MI

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*Last Name

[illegible]

*Address

[illegible]

*City

[illegible]

*State

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*ZIP Code

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*Email Address

[illegible]

Unique ID

[illegible]

Cash Payment: Your \$35.00 cash payment may be subject to a pro rata (a legal term meaning equal share) increase or decrease, depending on the number of timely and valid Claim Forms filed. You can elect to receive your payment either by check or as a digital payment (e.g., an ACH direct deposit, prepaid debit card, or gift card using instructions emailed to you).

☐ Check

☐ Digital Payment (An email will be sent from noreply@epiqpay.com to the email address provided on this form. Please ensure the email address provided is valid and complete. If you do not provide a current and valid email address, the Settlement Administrator will attempt to send you a check to the address provided.)

By signing my name, I swear and affirm I am completing this Claim Form to the best of my personal knowledge.

Signature:

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Date:

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MM

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