Jane Doe v. Reid Health
Wayne County Superior Court, State of Indiana
Case No. 89D01-2311-PL-000074

Settlement Claim Form

If you are a Settlement Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before December 24, 2025, or submitted online on or before December 24, 2025.

The full notice of this settlement is available at: www.ReidHospitalPixelSettlement.com

To be eligible to receive cash benefits from the settlement obtained in this class action lawsuit, you must be a Class Member and submit this completed and signed Claim Form online at: www.ReidHospitalPixelSettlement.com or by mail to: Reid Health Settlement, c/o Settlement Administrator, P.O. Box 25226 Santa Ana, CA 92799.

CLAIMANT INFORMATION, PAYMENT METHOD ELECTION, AND SIGNATURE

Instructions for how to enroll in the Medical Shield product for one year for free will automatically be sent to you later in a separate communication.

If you are a Class Member and wish to receive a $25 cash payment, please provide your name and contact information below and sign and date. If your contact information changes after submission of this Claim Form, please notify the Settlement Administrator to ensure your payment reaches you.

FIRST NAME **LAST NAME**

STREET ADDRESS

CITY **STATE** **ZIP CODE**

EMAIL ADDRESS

Class Member ID: _____

Unless you indicate otherwise, the cash payment will be sent in the form of a check. If you would like payment in a different form, please select from the options below:

Venmo ☐ Venmo Username: _____

PayPal ☐ PayPal Email: _____

Zelle ☐ Zelle Email: _____

I affirm that the information supplied in this Settlement Claim Form by the undersigned is true and correct to the best of my knowledge, and that this form was executed on the date set forth below. I further affirm:

I am or I was an Indiana citizen and I am or was a patient of Reid Health whose Private Information was allegedly disclosed to third parties through Reid Health's use of the Meta Pixel or any other website tracking, analytics and/or advertising technologies on its Websites.

SIGNATURE **DATE**

Please keep a copy of your Claim Form for your records.