

Jane Doe v. SSM Health Care Corporation d/b/a SSM Health, Case No. 2222-CC10014-01 Circuit Court of the City of St. Louis, State of Missouri

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 November 24, 2025, or submitted online on or before November 24, 2025.

The full notice of this settlement is available at SSMHealthDataSettlement.com.

To be eligible to receive cash benefits from the settlement obtained in this class action lawsuit, you must submit this completed and signed Claim Form online at SSMHealthDataSettlement.com or by mail to SSM Settlement, P.O. Box 3679, Portland, OR 97208-3679.

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By signing below, I affirm that I am a natural Person who is, or was, a part	tient of defendant SSM Health and logged into
the SSM Health MyChart patient portal between July 6, 2020, and Febr	ruary 10, 2023, and that all of the information
on this Claim Form is true and correct to the best of my knowledge.	•

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Signature								

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