Jennifer Fleece v. Board of Trustees of Hancock Regional Hospital d/b/a Hancock Health
Marion County Superior Court, State of Indiana
Case No. 49D01-2305-PL-020713

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 1, 2025, or submitted online on or before 11:59 p.m. EST on December 1, 2025.

The full notice of this settlement is available at **www.HHSettlement.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 www.HHSettlement.com or by mail to P.O. Box 25226, Santa Ana, CA 92799.

CLAIMANT INFORMATION, PAYMENT METHOD ELECTION, AND SIGNATURE

If you wish to receive a $25.00 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. All fields are required.

FIRST NAME

LAST NAME

STREET ADDRESS

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

EMAIL ADDRESS

If you submit this Claim Form by mail and it is accepted by the Settlement Administrator, you will receive a mailed, paper check. If you would prefer to receive a digital payment, you may submit a Claim Form on the Settlement website to provide your payment account information.

By signing below, I affirm that between January 1, 2020 and December 31, 2023, I was a patient of Hancock Health and logged into a patient portal account, and that all of the information on this Claim Form is true and correct to the best of my knowledge.

SIGNATURE **DATE**

MM **DD** **YY**

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