

Pebbles Martin v. LCMC Health Holdings, Inc. & Louisiana Children's Medical Center

Civil District Court for the Parish of Orleans, State of Louisiana

Case No. 2022-10417, Division L

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 25, 2025, or submitted online on or before November 25, 2025.

Please read the full notice of this settlement (available at **www.LCMCDataSettlement.com**) carefully before filling out this Claim Form.

To be eligible to receive cash benefits from the settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail:

ONLINE: Submit this Claim Form.

MAIL: LCMC Data Settlement, c/o Settlement Administrator, P.O. Box 25226, Santa Ana, CA 92799-9958

PART ONE: CLAIMANT INFORMATION & PAYMENT METHOD ELECTION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

CLASS MEMBER #:

You may be entitled to receive a \$15.00 cash payment and/or the Privacy Shield product if you were an LCMC patient portal account holder who accessed their LCMC patient portal account between January 1, 2019 and November 30, 2022.

PRIVACY SHIELD PRO:

Settlement Class Members are **automatically** entitled to one year of Privacy Shield Pro, which includes the following features: Dark Web Watchlist, VPN In Touch, Password Scan, Private Search functionality, Password

Defense, Digital Vault, and Data Broker Opt-Out services. This code will be provided to you on your email or postcard notice.

PLEASE KEEP THIS CODE SAFE UNTIL AFTER FINAL APPROVAL.

The website to which you must go in order to utilize your code to enroll is <https://privacyshield.cvx.com/enrollment/LCMC/>. Your Privacy Shield Pro subscription will become active upon Final Settlement Approval from the Court.

CASH PAYMENT:

Settlement Class Members are also eligible for a \$15 cash payment. The cash will be sent in the form of a check, unless otherwise indicated.

Do you wish to receive a cash payment?

☐ Yes, I want to receive a \$15 cash payment.

If you would like payment in a different form, please select from the options below:

Venmo ☐ Venmo Username: _____

PayPal ☐ PayPal Email: _____

Zelle ☐ Zelle Email: _____

PART TWO: ATTESTATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that between January 1, 2019 and November 30, 2022, I was an LCMC Health patient portal account holder, and accessed my LCMC Health MyChart patient portal account, and that all of the information on this Claim Form is true and correct to the best of my knowledge.

I understand that my Claim Form may be subject to audit, verification, and Court review.

SIGNATURE

DATE

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