

Nina McClain v. Henry Ford Health
Wayne County Circuit Court, State of Michigan
Case No. 25-000801-CZ
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 August 25, 2025 or submitted online on or before August 25, 2025.

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

To be eligible to receive the cash payment benefit 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: Henry Ford Health Settlement Administrator PO Box 25226, Santa Ana, CA 92799

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

Your Class Member Login ID: _____

Your Class Member Password: _____

You may be entitled to receive both (1) a \$15.00 cash payment and (2) the Privacy Shield Pro product if you were a patient of Henry Ford Health residing in the United States who had a MyChart patient portal account with Henry Ford between January 1, 2020, to and through December 31, 2023.

CASH PAYMENT:

Settlement Class Members are eligible for a \$15 cash payment. The cash will be sent in the form of a check, unless otherwise indicated. You will still be automatically entitled to Privacy Shield Pro if you select this option.

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: _____

PRIVACY SHIELD PRO:

Settlement Class Members are automatically entitled to enroll in 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. You can still select a cash payment if you enroll in Privacy Shield Pro.

You will need to follow instructions that you receive after the Settlement is final to use the Privacy Shield Pro code which was included in your Notice. Activation instructions will be provided to your email address.

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, 2020, to and through December 31, 2023, I was a patient of Henry Ford Health, accessed the Henry Ford Health MyChart patient portal, 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.