

USE THIS FORM TO MAKE A CLAIM FOR MEDICAL DATA MONITORING AND IDENTITY THEFT PROTECTION AND FOR EITHER (1) OUT-OF-POCKET EXPENSE/LOST-TIME PAYMENT OR (2) AN ALTERNATIVE CASH PAYMENT

The DEADLINE to submit this Claim Form is Postmarked: September, 5 2025

*Para una notificación en Español, llamar (833) 360-3824 o visitar nuestro sitio web
www.LakeCharlesSettlement.com*

I. GENERAL INSTRUCTIONS

If you are an individual who was notified that you are a Settlement Class Member of a Settlement that was reached as a result of a Data Incident that occurred when an unauthorized actor gained access to files on the Southwest Louisiana Hospital Association d/b/a Lake Charles Memorial Health System's ("LCMH") computer network (the "Data Incident"), you are a Class Member.

As a Settlement Class Member, you are eligible to make a claim for two years of Medical Data Monitoring and Identity Theft Protection ("Medical Monitoring") AND for **one of the following options:**

- (1) Out-of-Pocket Expense Claims/Lost-Time Claims - Settlement Class Members may submit a Claim for reimbursement of documented out-of-pocket losses and/or up to three (3) hours of time spent remediating issues related to the Data Incident at \$25 per hour;

OR

- (2) a pro rata Cash Payment - subject to a *pro rata* adjustment dependent on the number of Class Members who participate in the Settlement and submit valid and Approved Claims for Medical Data Monitoring and Documented Loss Payments.

Cash Payments may be reduced or increased *pro rata* (equal share) depending on how many Class Members submit claims. Complete information about the Settlement and its benefits are available at www.LakeCharlesSettlement.com.

Please complete this Claim Form on behalf of the individual who received a notification from LCMH.

This Claim Form may be submitted online at www.LakeCharlesSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

LCMH Data Incident Litigation
c/o Settlement Administrator
P.O. Box 25244
Santa Ana, CA 92799

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments and Medical Monitoring, you must notify the Settlement Administrator in writing at the address above.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (Required)

Phone Number

Unique ID

III. MEDICAL DATA MONITORING AND IDENTITY THEFT PROTECTION

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If you wish to receive Medical Monitoring and Identity Theft Protection, you must check off the box for this section, provide your email address in the space provided in Section I, above, and return this Claim Form. Submitting this Claim Form will not automatically enroll you into Medical Monitoring and Identity Theft Protection. To enroll, you must follow the instructions sent to your email address after the Settlement is approved and becomes final (the "Effective Date"). You do not need to submit any additional documents if you are electing this category, so long as you provide your Unique ID Number that was provided on your mailed or emailed Notice.

You may select ONE of the following options:

Out-of-Pocket Expense Claims/Lost-Time Claims (Proceed to Section IV)

OR

Pro-Rata Cash Payment (Proceed to Section V)

IV. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSE/LOST-TIME CLAIMS

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Please check off this box for this section for reimbursement of documented out-of-pocket losses reasonably and fairly traceable to the Data Incident. Out-of-Pocket-Expense Claims that were incurred on or after December 23, 2022 or if you are electing to seek a Claim for up to three (3) hours of time spent remedying issues related to the Data Incident at \$25 per hour if the Settlement Class Member (1) attests that any claimed lost time was spent related to and arising out of the Data Incident, and (2) provides a brief general description of how the claimed lost time was spent.

In order to make a claim for an Out of Pocket Expense/Lost Time Payment, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section IV); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Documented Losses need to be deemed more likely than not due to the LCMH Data Incident by the Settlement Administrator based on the documentation you provide and the facts of the LCMH Data Incident. Settlement Class Members' claims for Lost Time and/or Out-of-Pocket Expenses are subject to an individual cap of \$500 per claimant.

Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)																									
<input type="radio"/> Unreimbursed fraud losses or charges	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>
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(mm/dd/yy)																												
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<input type="radio"/> Cell phone minutes	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Telephone bill showing charges for minute usage</i>
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(mm/dd/yy)																												
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<input type="radio"/> Internet usage charges (if either charged by the minute or incurred solely as a result of the Data Incident)	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Invoice or internet usage receipt</i>
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(mm/dd/yy)																												
\$.																						
<input type="radio"/> Credit freeze	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Notices or account statements reflecting payment for a credit freeze</i>
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<input type="radio"/> Credit monitoring that was ordered after December 23, 2022 through the date of claims submission	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i>
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<input type="radio"/> Professional services fees (i.e. lawyers' fees, accountants' fees, fees for credit repair services)	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Invoices or receipts of payments made for professional services fees</i>
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PRO-RATA CASH PAYMENT ATTESTATION

I declare under penalty of perjury under the laws of Louisiana that the foregoing is true and correct. Executed on _____, in _____, _____.
[Date] [City] [State]

[Signature]

VI. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____ - ____ - ____ or Email Address: _____

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the address provided in Section II above.

VII. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature:

Date: _____

Print Name