

In re: Novant Health, Inc. Settlement
P.O. Box 3678
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted
On or Before 5/6/2024**

In re: Novant Health, Inc.

U.S. District Court for the Middle District of North Carolina (Case No. 1-22-cv-00697)

CLAIM FORM

SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT WWW.NHPRIVACYSETTLEMENT.COM

GENERAL CLAIM FORM INFORMATION

You may complete and submit this Claim Form online or by mail if you are a Settlement Class Member. The Settlement Class consists of all individuals who reside in the United States and who Novant Health, Inc. ("Novant Health") identified as potentially having their personal or health-related information disclosed to a third party because of Novant Health's use of certain Internet tracking technology on its websites and MyChart patient portal between May 1, 2020 and August 12, 2022 (the "Settlement Class").

If you wish to submit a Claim for a settlement cash payment, please provide the information requested below. You must submit your Claim via the Settlement Website by the Claims Deadline of **May 6, 2024**, or complete and mail this Claim Form to the Settlement Administrator, postmarked by **May 6, 2024**.

Settlement Class Members who file a timely and valid Claim Form will be eligible to receive a pro rata cash payment from the Net Settlement Fund. Each Settlement Class Member will receive, at most, one (1) payment.

The Notice includes only a summary of your legal rights and options. Please visit the official Settlement Website, www.NHPrivacySettlement.com, or call 1-844-925-0521 for more information.

TO SUBMIT A CLAIM FOR PAYMENT BY MAIL:

1. Complete all sections of this Claim Form
2. Sign the Claim Form.
3. Submit the completed Claim Form to the Settlement Administrator so that it is postmarked by **May 6, 2024**.

This Claim Form should only be used if a Claim is being mailed and is not being filed online. You may go to www.NHPrivacySettlement.com to submit your Claim online, or you may submit this Claim Form by mail to the address at the top of this form.

Payment will be mailed in the form of a check to the address you provide below. If you would like to receive a payment electronically (e.g., via Venmo, PayPal, or ACH), you must submit a Claim Form online at www.NHPrivacySettlement.com.

1. Settlement Class Member Information

<input type="text"/>															<input type="text"/>									
*First Name															Middle Initial									
<input type="text"/>															<input type="text"/>									
*Last Name															Suffix									
<input type="text"/>																								
*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)																								
<input type="text"/>															<input type="text"/>		<input type="text"/>							
*City															*State		*Zip Code							
<input type="text"/>																								
*Current Email Address																								
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>														
Current Phone Number (Optional)									*Settlement Claim ID (Required)															

**Settlement Claim ID: Your Settlement Claim ID can be found on the Postcard or Email Notice you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator at 1-844-925-0521.

2. Certification

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Print Name

Date

3. Reminder Checklist

1. Keep copies of the completed Claim Form for your own records.
2. Mail your completed Claim Form to the Settlement Administrator at P.O. Box 3678, Baton Rouge, LA 70821 or submit your claim online at www.NHPrivacySettlement.com.
3. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your Claim. You can update your contact information by emailing info@NHPrivacySettlement.com or by calling 1-844-925-0521.
4. For more information, please visit the settlement website at www.NHPrivacySettlement.com or call the Settlement Administrator at 1-844-925-0521. Please do not call the Court or the Clerk of the Court for additional information.