

**Your claim must
be submitted
online or
postmarked by:
October 28, 2024**

*In Re Henry Ford Health System Data Security Litigation,
Case No. 23-cv-11736-GAD-KGA (E.D. Mich.)*

**CLAIM FORM FOR HENRY FORD HEALTH SYSTEM
DATA SECURITY INCIDENT BENEFITS**

Henry Ford

**USE THIS FORM TO MAKE A CLAIM FOR CREDIT MONITORING AND INSURANCE SERVICES,
AND
FOR EITHER A DOCUMENTED LOSS PAYMENT, OR, ALTERNATIVELY, A CASH FUND PAYMENT**

**The DEADLINE to submit this Claim Form is: October 28, 2024
Claim Forms must be postmarked or submitted electronically by that date.**

GENERAL INSTRUCTIONS

If you are an individual who was notified that you are a Class Member of a Settlement that was reached as a result of a Data Security Incident that occurred when files at the Henry Ford Health System's ("Henry Ford") network and computer systems were accessed by an unauthorized person (the "Data Security Incident"), you are a Class Member.

As a Class Member, you are eligible to make a claim for **one of the following two options:**

(1) reimbursement of Documented Losses that are more likely than not a result of the Henry Ford Data Security Incident ("Documented Loss Payment") up to \$2,500;

OR

(2) a *pro rata* Cash Fund Payment, the amount of which will depend on the number of Class Members who participate in the Settlement and submit valid and Approved Claims for CMIS and Documented Loss Payments.

Class Members will also be entitled to claim two years of Credit Monitoring and Insurance Services and \$1 million in insurance ("CMIS").

The Credit Monitoring and Insurance Services will include the following services, among others: (i) up to \$1,000,000 of identity theft insurance coverage; and (ii) two years of one-bureau credit monitoring providing, among other things, notice of changes to the Class Member's credit profile. If you file a claim for Credit Monitoring and Insurance Services, you will receive an enrollment code – valid for 365 days after the Effective Date of the Settlement – that can be used to enroll in the service.

Cash Fund 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.hfhsdatasecuritysettlement.com.

This Claim Form should be completed only by the individual who received a written notification from Henry Ford, or someone legally authorized to act on behalf of the individual who received a notification from Henry Ford.

This Claim Form may be submitted online at www.hfhsdatasecuritysettlement.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:

**QUESTIONS? VISIT WWW.HFHSDATASECURITSETTLEMENT.COM OR
CALL TOLL-FREE 1-866-742-4955**

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Henry Ford Health System Data Security Litigation
RG/2 Claims Administration, LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

I. 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 Fund Payments and Credit Monitoring and Insurance Services, you must notify the Settlement Administrator in writing at the address in the general instructions.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Cellular Phone Number

Home Phone Number

Date of Birth (MM/DD/YYYY)

**Unique Claimant ID Number Provided on Mailed
Postcard Notice**

II. CREDIT MONITORING AND INSURANCE SERVICES (“CMIS”)

If you wish to receive Credit Monitoring and Insurance Services, 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 Credit Monitoring and Insurance Services. 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.

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You may select ONLY ONE of the following options:

CASH FUND PAYMENT - *Proceed to Section III*

OR

REIMBURSEMENT FOR DOCUMENTED LOSSES - *Proceed to Section IV*

III. CASH FUND PAYMENT

If you wish to receive a Cash Fund Payment, you must check off the box for this section, and then simply return this Claim Form. 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 Notice.

IV. REIMBURSEMENT FOR DOCUMENTED LOSSES

Please check off this box for this section if you are electing to seek reimbursement for up to \$2,500 of Documented Losses you incurred that are more likely than not a result of the Henry Ford Data Security Incident. Documented Losses include unreimbursed losses and consequential expenses that more likely than not resulted from the Henry Ford Data Security Incident and were incurred between March 30, 2023 and the Claims Deadline.

In order to make a claim for a Documented Loss 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 Section; 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 Henry Ford Data Security Incident by the Settlement Administrator based on the documentation you provide and the facts of the Henry Ford Data Security Incident. **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" style="text-align: center;">(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><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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**CLAIM FORM FOR HENRY FORD HEALTH SYSTEM
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<input type="radio"/> Professional fees incurred in connection with identity theft or falsified tax returns	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="8">(mm/dd/yy)</td> </tr> </table>			/			/			(mm/dd/yy)								<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">\$</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">.</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	\$.			<p><i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i></p>
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<input type="radio"/> Credit freeze.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="8">(mm/dd/yy)</td> </tr> </table>			/			/			(mm/dd/yy)								<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">\$</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">.</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	\$.			<p><i>Examples: Notices or account statements reflecting payment for a credit freeze.</i></p>
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<input type="radio"/> Credit monitoring that was ordered after March 30, 2023 through the date on which the Credit Monitoring and Insurance Services become available through this Settlement.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="8">(mm/dd/yy)</td> </tr> </table>			/			/			(mm/dd/yy)								<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">\$</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">.</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	\$.			<p><i>Examples: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i></p>
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<input type="radio"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="8">(mm/dd/yy)</td> </tr> </table>			/			/			(mm/dd/yy)								<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">\$</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">.</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	\$.			<p><i>Examples: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Henry Ford Data Security Incident.</i></p>
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<input type="radio"/> Other (provide detailed description).	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="8">(mm/dd/yy)</td> </tr> </table>			/			/			(mm/dd/yy)								<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">\$</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">.</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	\$.			<p><i>Please provide detailed description below or in a separate document submitted with this Claim Form.</i></p> <hr/> <hr/> <hr/> <hr/> <hr/>
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**ATTESTATION
(REQUIRED FOR DOCUMENTED LOSS PAYMENT CLAIMS ONLY)**

I, _____, declare that I suffered the Documented Losses
claimed above.
[Name]

I also attest that the Documented Losses claimed above are accurate and were not otherwise
reimbursable by insurance.

I declare under penalty of perjury under the laws of Michigan that the foregoing is true and correct.

Executed on _____, in _____, _____.
[Date] [City] [State]

[Signature]

V. PAYMENT SELECTION

Please select **one** of the following payment options if you are seeking a Cash Fund Payment (Section III)
or Reimbursement for Documented Losses (Section IV).

- Electronic Payment - Once the Settlement is approved and if you are eligible for payment, you will
receive an email from Huntington Bank's vendor advising you that your payment is ready and you
may choose from Paypal; Venmo; Zelle; or Bank Transfer.
- Physical Check - Payment will be mailed to the address provided above.

VI. 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 Michigan 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

Printed Name

Date

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