

T.D. v. Mercy Health Settlement Class Member Claim Form
Circuit Court of St. Louis County, Missouri, Case No. 20SL-CC05974

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY JUNE 10, 2024, AND MUST BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT. YOUR FAILURE TO SUBMIT A TIMELY CLAIM FORM WILL RESULT IN YOU FORFEITING ANY PAYMENT FOR WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.

Instructions: Please read carefully the Notice of Class Action Settlement (“Notice”), which is included with this Claim Form. If you were notified by Mercy in December 2020 that a certain Mercy employee improperly accessed your or your minor child’s protected health information and/or personally identifiable information (the “Incident”), then you may be entitled to monetary benefits from the Settlement.

YOU MUST SUBMIT THIS CLAIM FORM IN ORDER TO RECEIVE A SETTLEMENT PAYMENT.

If you wish to receive monetary benefits from the Settlement, you must take all of the following steps:

- Complete all gray-highlighted sections of this Claim Form in black or blue ink or electronically.
- Sign and date this Claim Form below, attesting that the statements, information, and documents that you have provided are true and correct to the best of your knowledge.
- Return this Claim Form by **June 10, 2024** to: Claims Administrator, Mercy Health Settlement c/o Atticus Administration, PO Box 64053, Saint Paul, MN 55164 or e-mailed to the Claims Administrator at mercysettlement@atticusadmin.com by June 10, 2024 via www.mercysettlement.com, or call 1-800-935-5170.

YOUR CONTACT INFORMATION		
Name:		
First	Middle	Last
Address:		
(You must provide a street address. A P.O. Box will not be accepted.)		
City	State	ZIP Code
Current Phone Number: (____) ____ - ____ (Please provide a phone number where you can be reached if further information is required).		
CLASS MEMBERSHIP		
Records indicate that you were notified by Mercy in December 2020 that a certain Mercy employee improperly accessed your or your minor child’s protected health information and/or personally identifiable information (the “Incident”).		
By signing and submitting this Claim Form, you acknowledge that you were notified by Mercy in December 2020 about the Incident, that you have received and reviewed the Notice of Class Action Settlement (the “Notice”), that you understand the terms and statements in the Notice, and that you submit this Claim Form under the terms of the Notice and the Settlement Agreement described in the Notice.		

SETTLEMENT BENEFITS

As a Class Member, you are entitled to receive either: (1) a flat payment of up to \$90; or (2) reimbursement of up to \$300 for time and expense (but no more than \$150 for time) that you actually and reasonably incurred to address concerns of identity theft because of Mercy’s notice to you in December 2020 about the Incident. You cannot choose both the Flat Payment and the Time and Expense Reimbursement. If you do so, you will be deemed to have chosen the Flat Payment. Please check one (and only one) of the following boxes:

Flat Payment. I choose to receive a flat payment of up to \$90.

Reimbursement for Time and Expense.

The Settlement allows for reimbursement of up to 5 hours of time at \$30 per hour that you expended as a result of addressing concerns of identity theft because of Mercy’s notice to you in December 2020 about the Incident.

I attest, under penalties of perjury, that I expended _____ hours of time as a result of addressing concerns of identity theft because of Mercy’s notice to me in December 2020 about the Incident.

You must also provide a description of the time that you claim to have expended to allow for validation of your claim. Please provide that description here:

The Settlement allows for reimbursement of up to \$300 (less the amount claimed by you for time expended by you) in expenses that you incurred as a result of addressing concerns of identity theft because of Mercy’s notice to you in December 2020 about the Incident.

I attest, under penalties of perjury, that I incurred \$_____ in expenses as a result of addressing concerns of identity theft because of Mercy’s notice to me in December 2020 about the Incident.

You must also provide a description of these expenses and documentation of these expenses. Please provide that description here and include that documentation with this Claim Form:

Please note that if the amount of the valid and approved claims exceeds the amount of the Net Settlement Fund, all such valid and approved claims will be reduced on a pro rata basis before payment. The Claims Administrator may audit any and all claims and may require the submission of supplemental information reasonably required to evaluate any claims. Persons making false claims may be subject to civil or criminal penalties.

I hereby agree to participate in the Settlement entered in the Civil Action and approved by the Court. I also consent and agree to be bound by any adjudication of the Civil Action by the Court. By signing below, I fully and finally discharge and release any and all of the Released Claims against Mercy and the Mercy Released Parties. I agree to be bound by this settlement and not to sue or otherwise make a claim against any of the Mercy Released Parties as to any of the Released Claims.

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

Signature: _____

Date: _____

Printed Name: _____

Claimant ID: _____