

Overlake Settlement Claims Administrator  
P.O. Box 3314  
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted  
On or Before December 13, 2021**

***Richardson v. Overlake Hospital Medical Center et al.,***  
Superior Court Of The State Of Washington, County Of King (Case No. 20-2-07460-8 SEA)

**Claim Form**

This claim form should be filled out online or submitted by mail if you received a notification from Overlake Hospital Medical Center or Overlake Medical Clinics, LLC (collectively "Overlake") relating to cyberattack against Overlake's computer systems that occurred in December 2019 (the "Data Incident"), and you had out-of-pocket expenses, fraudulent charges, lost time spent dealing with the Data Incident, or unreimbursed extraordinary monetary losses as a result of the Data Incident. You may get a check if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, [www.OHMCDataSettlement.com](http://www.OHMCDataSettlement.com), or call 1-844-417-0024 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by **December 13, 2021**.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [www.OHMCDataSettlement.com](http://www.OHMCDataSettlement.com).

**1. 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 (Optional)																										
<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>								
Current Phone Number (Required)									Settlement Claim ID (Required)																	

Settlement Claim ID: Your Settlement Claim ID can be found on the postcard Notice you received in the mail informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator at 1-844-417-0024.

Non-US Addresses: If your current address is outside the United States, please complete this claim form online at [www.OHMCDataSettlement.com](http://www.OHMCDataSettlement.com) and select the checkbox on the Class Member Information page that says "Please check if this is a non-U.S. address".

## **2. PAYMENT ELIGIBILITY INFORMATION.**

Please review the notice and sections 2.1 through 2.2 of the Settlement Agreement (available at [www.OHMDataSettlement.com](http://www.OHMDataSettlement.com)) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

### **PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box for each category of out-of-pocket expenses, fraudulent charges, or lost time that you have incurred as a result of the Data Incident. **Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type** (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

#### **a. Ordinary Expenses Resulting from the Data Incident:**

Unreimbursed charges incurred as a result of the Data Incident.

**Examples** - Bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel. Other examples include: fees for credit reports, credit monitoring, or other identity theft insurance product purchased between February 4, 2020 and June 14, 2021.

**Total amount for this category:**     \$  .

Briefly describe the charges you have claimed.

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***If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.***

***If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between February 4, 2020, and June 14, 2021, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Overlake Data Incident and not for any other purpose).***

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Between one and three hours of documented time spent dealing with the Data Incident

***Examples*** - You spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. You spent at least one full hour rescheduling medical appointments and/or finding alternative medical care and treatment, retaking or submitting to medical tests, locating medical records, retracting medical history as a result of the Data Incident. Please note that the time it takes to fill out this Claims Form is not reimbursable and should not be included in the total.

**Total number of hours claimed:**    

***If the time was spent online or on the telephone, briefly describe what you did, or attach a copy of any letters or emails you wrote. If the time was spent trying to reverse fraudulent charges, briefly describe what you did. If the time was spent updating accounts due to your card being reissued, identify the other accounts that had to be updated. If the time spent related to your medical records or treatment, briefly describe what you did.***

You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.

Briefly describe the time spent dealing with the Data Incident.

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**b. Extraordinary Expenses**

Unreimbursed expenses resulting from identity theft or fraud.

Total amount for this category: \$ [ ] [ ] [ ] [ ] [ ] . [ ] [ ]

Attach a copy of statements that demonstrate that identity theft or fraud occurred and any correspondence showing that you reported the fraud. If you do not have anything in writing, tell us the approximate date that you reported and to whom you reported the fraud.

You may mark out any information that is not relevant to your claim before sending in the documentation.

Date reported: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ]

Description of the person(s) to whom you reported the fraud and the documents provided to demonstrate that identity theft or fraud occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.

Other unreimbursed out-of-pocket expenses that happened because of the Data Incident that are not accounted for in your responses above.

**Examples** – This category includes any other unreimbursed expenses or charges that are not otherwise accounted for in your answers to the questions above, including any expenses or charges that you believe were the result of an act of identity theft, including identify theft related to medical care.

Total amount for this category: \$ [ ] [ ] [ ] [ ] [ ] . [ ] [ ]

Describe the expense, why you believe that they are related to the Data Incident, and provide as much detail as possible about the date you incurred these expenses and the company or person to whom you had to pay them. Please provide copies of any receipts, police reports, or other documentation supporting your claim. The settlement administrator may contact you for additional information before processing your claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box to confirm that you have exhausted all credit monitoring insurance and identity theft insurance you might have for these out-of-pocket expenses before submitting this Claim.

**3. SIGN AND DATE YOUR CLAIM FORM.**

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned 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 I may be asked to provide supplemental information by the Settlement Administrator or Claims Referee before my claim will be considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**4. REMINDER CHECKLIST**

- 1. Keep copies of the completed Claim Form and documentation for your own records.
- 2. If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement website at [www.OHMCDataSettlement.com](http://www.OHMCDataSettlement.com) and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
- 3. For more information, please visit the settlement website at [www.OHMCDataSettlement.com](http://www.OHMCDataSettlement.com) or call the Settlement Administrator at 1-844-417-0024. Please do not call the Court or the Clerk of the Court for additional information.