

Marshall v Lamoille Health Partners, Inc.  
c/o Settlement Administrator  
P.O. Box 2006  
Chanhassen, MN 55317-2006

**CLAIM FORM**

**Patricia Marshall v. Lamoille Health Partners, Inc., Case No. 2:22-cv-00166-wks  
United States District Court, District of Vermont**

**SUBMIT BY JUNE 20, 2024**

ONLINE AT [WWW.LAMOILLEHEALTHSETTLEMENT.COM](http://WWW.LAMOILLEHEALTHSETTLEMENT.COM)

OR MAIL TO:

Marshall v Lamoille Health Partners, Inc.  
c/o Settlement Administrator  
P.O. Box 2006  
Chanhassen, MN 55317-2006

**GENERAL CLAIM FORM INFORMATION**

This Claim Form should be filled out online or submitted by mail if you received a notice of data security incident letter stating your personal information was potentially compromised through the Lamoille Health Partners, Inc. ("LHP") August 2022 Data Security Incident ("Settlement Class").

If you wish to submit a Claim by mail, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked **no later than JUNE 20, 2024**.

**CLAIMANT INFORMATION**

Full Name of Class Member

Unique Identifier *(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.)*

Street / P.O. Box, City, State, Zip Code

(\_\_\_\_\_) \_\_\_\_\_

Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature

**[CONTINUED ON NEXT PAGE]**

**MONETARY COMPENSATION**

**Cash Payment:** Would you like to receive a cash payment under the Settlement? (*check one*)

**Yes**

**No**

\*\* The Parties estimate that payments under this option will be \$50. However, the value of payments under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, fees, expenses.

**Out-of-Pocket Losses (if any):** I am submitting a claim for either ordinary or extraordinary monetary losses in the amount of \$\_\_\_\_\_ on account of out-of-pocket expenses and/or extraordinary losses I incurred as a result of the Data Security Incident. I understand that I am required to provide supporting third-party documentation and to support my claim for out-of-pocket losses, such as providing copies of any receipts, bank statements, reports, or other documentation supporting my claim. This can include receipts or other documentation that I have not “self-prepared.” I understand that “self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. I understand the settlement administrator may contact me for additional information before processing my claim. If I do not have information supporting my claim for ordinary or extraordinary expenses, I likely will not receive compensation for this settlement benefit. **I understand that any monetary compensation I may receive under the settlement is capped at \$5,000.00 for out-of-pocket expenses.**

Please provide copies of any receipts, bank statements, reports, or other documentation supporting your claim. This can include receipts or other documentation not “self-prepared” by you. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. You may mark out (also known as redact) any information that is not relevant to supporting your claim before sending in the documentation. The settlement administrator may contact you for additional information before processing your claim.

Description of the unreimbursed, out-of-pocket loss or expenses incurred, and the documents attached to support this claim:

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Please sign below indicating that you are submitting this Claim for Out-of-Pocket Losses and your representations of these losses are true and correct to the best of your knowledge and belief, and are being made under penalty of perjury.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_