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CLAIM FORM

This lawsuit arises out of a network intrusion which occurred between August 27, 2020 and September 20, 2020 that was discovered by Nebraska Medicine and/or the University of Nebraska Medical Center (“UNMC”) on or about September 20, 2020 (the “Data Incident”). The information that may have been accessed in the Data Incident includes names, addresses, dates of birth, health insurance information, medical record numbers, and/or clinical information (including physician notes, laboratory results, imaging, diagnosis information, treatment information, and/or prescription information) (collectively, called “PII”) and, in some instances, Social Security and/or driver’s license numbers. Defendant disagrees with Plaintiffs’ claims.

This Claim Form should be filled out online or submitted by mail if you had documented out-of-pocket expenses, fraudulent charges, lost time spent dealing with the Data Incident, or documented, unreimbursed extraordinary monetary losses as a result of the Data Incident. Checks will be mailed to eligible Class Members if the Settlement is approved by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official settlement administration website, www.NebraskaSettlement.com, or call 1-844-367-8806 for more information.

Claim submission options:

File a claim online at www.NebraskaSettlement.com. Your form must be submitted by 11:59 p.m. Central Time on October 4, 2021.

Print this form, complete the form in its entirety, and mail to the Claims Administrator at the address listed below. YOU MUST INCLUDE YOUR CLASS MEMBER ID. You can locate your Class Member ID at the top of the postcard Notice that was sent to you. Your Claim Form must be postmarked by October 4, 2021. You can contact the Claims Administrator to request that a Claim Form be mailed to you. You must complete the Claim Form in its entirety and then mail the completed Claim Form so that it is postmarked by October 4, 2021.

1. CLASS MEMBER INFORMATION.

Class Member ID: 31206 _____

Name (REQUIRED): _____
First Name Mi Last Name

Number and Street Address (REQUIRED)

City (REQUIRED) State (REQUIRED) Zip Code (REQUIRED)

Telephone Number (REQUIRED): (_____) _____ - _____

Email Address (optional): _____@_____.



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2. PAYMENT ELIGIBILITY INFORMATION.

Please review the Notice and sections 2.1 through 2.2 of the Settlement Agreement (available at www.NebraskaSettlement.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 documented out-of-pocket expenses, fraudulent charges, or lost time that you 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).

Documented Expense Reimbursement Resulting from the Data Incident: (not to exceed \$300 per Settlement Class Member)

Unreimbursed fees or other charges from your bank due to fraudulent activity on your card.

Examples - Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

Total amount claimed for this category \$_____

I have attached a copy of a bank or credit card statement or other proof of the fees or charges.

(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.)

Date reported: ___ ___ / ___ ___ / ___ ___

Description of the person(s) and/or companies to whom you reported the fraud:

Other incidental telephone, internet, postage, or gasoline (for local travel only) expenses directly related to the Data Incident.

Examples - Long distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

Total amount claimed for this category \$_____

I have attached a copy of the bill from my telephone or mobile phone company or internet service provider that shows the charges, receipts, or other proof of the fees or charges.

(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.)



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Credit reports, identity theft insurance, or credit monitoring charges.

Examples - The cost of a credit report, identity theft insurance, or credit monitoring services that you purchased between August 27, 2020 and the Claims Deadline.

Total amount claimed for this category \$ _____

I have attached a copy of a receipt or other proof of purchase for each credit report or product purchased.

(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.)

Between one (1) and three (3) hours of time spent dealing with the Data Incident (which will be calculated and paid at a rate of \$20 per hour). You must attest that any claimed lost time was spent related to the Data Incident and provide a written description of how the claimed lost time was spent related to the Data Incident.

Examples – You spent at least one (1) 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. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total.

Total number of hours claimed _____

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident.

Between one (1) and three (3) additional hours of **documented** time spent dealing with the Data Incident (which will be calculated and paid at a rate of \$20 per hour). You must include reasonable supporting documentation of the time spent.

Examples – You provide employment records showing you took at least one (1) full hour off of work to deal with effects of the Data Incident. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total.

Total number of hours claimed _____

I have attached a copy of a record, time card, receipt, or other proof of lost time.

(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.)



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4. MAIL YOUR CLAIM FORM.

This Claim Form and all supporting documentation must be either submitted online at www.NebraskaSettlement.com or postmarked by **October 4, 2021** and mailed to:

Chacon v. Nebraska Medicine
c/o Claims Administrator
PO Box 8517
Philadelphia, PA 19101-8517



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PO Box 8517
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