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South Country Health Alliance c/o Kroll Settlement Administration PO Box 5324 New York, NY 10150-5324	ALL CLAIM FORMS MUST BE SUBMITTED NO LATER THAN THE DEADLINE TO SUBMIT CLAIM FORMS OF NOVEMBER 5, 2024
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Carr v. South Country Health Alliance,
74-CV-21-632

Third Judicial District Court for County of Steele, State of
 Minnesota

CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you are an individual who was notified of the Data Breach by Detailed Notice from South Country Health Alliance, a Joint Powers Board, and you had out-of-pocket expenses or Lost Time spent dealing with the Data Breach. 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 Settlement payment.

The Detailed Notice describes your legal rights and options. Please visit the official Settlement Website, **www.southcountrysettlement.com**, or call **1-833-933-9145** 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 the Deadline to Submit Claim Form of **November 5, 2024**. Alternatively, you may submit a claim using the online form located on the Settlement Website listed above.

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.



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Please describe the categories of Economic Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:

Five horizontal lines for providing details on economic losses.

3. Sign and Date Your Claim Form.

I declare that the information supplied above is true and correct to the best of my recollection. I understand that I may be asked to provide supplemental information from the Settlement Administrator before my claim is considered complete and valid.

Signature of Claimant

____/____/____
Date(mm/dd/yy)

Print Name

4. Reminder Checklist:

Keep copies of the completed Claim Form and documentation for your own records.

- 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.southcountrysettlement.com** and complete the Contact form or send written notification of your new address. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.
- Please do not provide any sensitive documents that may contain personal information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, please visit the Settlement Website at **www.southcountrysettlement.com** and provide these documents by completing the document uploader or by mail.
- For more information, please visit the Settlement Website at **www.southcountrysettlement.com**, or call the Settlement Administrator at **1-833-933-9145**. Please do not call the Court or the Clerk of the Court for additional information.



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