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**Must be postmarked or submitted
online NO LATER THAN
March 23, 2023**

Scripps Data Breach Settlement Administrator
P.O. BOX 3389
PORTLAND, OR 97208-3389
www.ScrippsSettlement.com

SCRIPPS

Scripps Data Breach Settlement Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice from Scripps Health (“Scripps”) that your personally identifiable information may have been compromised as a result of a Ransomware Attack occurring on April 29, 2021, (the “Ransomware Attack”), you are a Settlement Class Member and may submit a claim for Settlement Benefit(s).

The easiest way to submit a claim is online at www.ScrippsSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one or more of these benefits:

Cash Reimbursement. Use the Claim Form to request money for one or more of the following:

1. **Cash Payment Benefit.** If you submit a valid and timely Claim Form, you are eligible to receive a cash payment of **at least \$100**. This amount can be combined with a claim for Ordinary and/or Extraordinary Out-of-Pocket Losses.
2. **Reimbursement for Money You Spent or Lost.** If you spent money because of the Ransomware Attack, and you have documentation supporting these losses, you may be reimbursed up to \$1,000 for these Ordinary Out-of-Pocket Losses. You may also be eligible for reimbursement of up to \$7,500 in Extraordinary Out-of-Pocket Losses related to identity theft. You must submit documents supporting your claim(s).

Claims must be submitted online or mailed by March 23, 2023. Use the address at the top of this form for mailed claims.

Please note: The Settlement Administrator may contact you to request additional documents to process your claim.

For more information on the Settlement benefits, what documents you need to attach, how the Settlement Administrator will decide whether to approve your payments, and for complete instructions, visit **www.ScrippsSettlement.com**.

Settlement benefits will be distributed only after the Settlement is finally approved by the Court.

Questions? Visit www.ScrippsSettlement.com, or call 1-800-708-8796.



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Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@ScrippsSettlement.com.

First Name

MI

Last Name

Street Address

City

State

ZIP Code

Phone Number

 - -

Email Address

Unique ID (located on the postcard notice mailed to you)

Cash Payment Benefit

You can receive a cash payment of **at least \$100**. This amount can be combined with a claim for documented Ordinary and/or Extraordinary Out-of-Pocket Losses.

Please check below to receive a Cash Payment Benefit.

Receive a cash payment of **at least \$100**

If you do not wish to file a claim for Ordinary or Extraordinary Out-of-Pocket Losses, you may skip to the section at the end titled, "How You Would Like to Receive Your Cash Payment."

Questions? Visit www.ScrippsSettlement.com, or call 1-800-708-8796.



Cash Payment: Documented Ordinary Out-of-Pocket Losses

You can receive reimbursement for up to \$1,000 for documented out-of-pocket losses incurred as a result of the Ransomware Attack. You must submit documents with your Claim Form that show what happened and how much you lost or spent so that you can be repaid. This may include receipts or other documentation and may not be “self- prepared,” such as handwritten receipts. Self-prepared documents are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation. If you do not provide the required documentation to support your claim, your claim will be denied.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Ransomware Attack)
Unreimbursed Bank Fees <i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<hr/> <hr/> <hr/> <hr/>
Long Distance Phone Charges <i>Example: Phone bills with charges</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<hr/> <hr/> <hr/> <hr/>
Cell Phone Charges (only if charged by the minute) <i>Example: Phone bills with charges by the minute, internet usage charges if charged by the minute or by data usage or text messages charged by the message</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<hr/> <hr/> <hr/> <hr/>
Unreimbursed Credit Card Fees <i>Examples: Credit card statement</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<hr/> <hr/> <hr/> <hr/>
Unreimbursed Credit Monitoring <i>Examples: Costs of credit report(s), credit monitoring, and/or other identity theft insurance products purchased</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<hr/> <hr/> <hr/> <hr/>
Other losses or costs resulting from identity theft or fraud <i>Examples include but are not limited to: the cost of postage, gas for local travel or interest on payday loans due to card cancellation</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<hr/> <hr/> <hr/> <hr/>

Questions? Visit www.ScrippsSettlement.com, or call 1-800-708-8796.



Cash Payment: Documented Extraordinary Out-of-Pocket Losses

You can receive reimbursement for up to \$7,500 for documented extraordinary losses incurred as a result of the Ransomware Attack if: (1) the loss is an actual, documented, and unreimbursed monetary loss; (2) the loss is fairly traceable to the Ransomware Attack; (3) the loss occurred between April 29, 2021 and **March 23, 2023** (Claims Deadline); (4) the loss is not already covered by one or more of the ordinary out-of-pocket losses reimbursement categories above; and (5) you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhausting all available credit monitoring insurance and identity theft insurance. If you do not provide the required documentation to support your claim, your claim will be denied.

Expense or Loss Types and Examples of Documents	Approximate Amount of Loss and Date	Description of Expense, Money Spent or Loss and Supporting Documents (Identify what you are attaching, and why it's related to the Ransomware Attack)
Extraordinary Loss <i>Examples: Unreimbursed fraudulent charges, professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft</i>	\$ [] [] [] [] [] [] • [] [] [] [] - [] [] - [] [] MM DD YY	<hr/> <hr/> <hr/> <hr/>
Other Extraordinary Losses <i>Please provide a detailed description or a separate document submitted with this Claim Form.</i>	\$ [] [] [] [] [] [] • [] [] [] [] - [] [] - [] [] MM DD YY	<hr/> <hr/> <hr/> <hr/>

How You Would Like to Receive Your Cash Payment

If you made a claim for a cash payment in this Claim Form, you could elect to receive your payment either by check or as a digital payment (you could receive payment as an ACH direct deposit, prepaid debit card, or gift card using instructions emailed to you). Checks must be cashed within 90 days of receiving them.

Which do you prefer?

- Check mailed to me
- Digital payment instructions emailed to the email address I provided on page 2

Signature

I affirm under the laws of the State of California that the information supplied in this Claim Form is true and correct to the best of my knowledge, and any documents I submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Signature

Date: [] [] - [] [] - [] [] [] []
MM DD YYYY

Print Name

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