Boykin v. Choice Health Insurance, LLC
c/o Settlement Administrator
P.O. Box 2007
Chanhassen, MN 55317-2007

***Boykin v. Choice Health Insurance, LLC*, Case No. 4:22-cv-03940-JD (D.S.C.)**

SETTLEMENT CLAIM FORM

TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT CHOICEHEALTHDATASETTLEMENT.COM NO LATER THAN JANUARY 9, 2024.

ATTENTION: *This Claim Form is to be used to apply for relief related to the Data Incident that Choice Health Insurance, LLC discovered in May 2022 and publicly announced in October 2022, which potentially affected all individuals to whom Choice Health sent notice. There are two types of benefits for which Class Members are eligible: (1) a cash payment of approximately $75, and (2) reimbursement of out-of-pocket losses or expenses that are reasonably traceable to the Data Incident, up to a maximum of $4,000.*

To submit a Claim, you must have been identified as an individual whose Private Information was maintained on the Choice Health database that was compromised during the Data Incident and received Notice of this Settlement with a Class Member ID.

Please review this entire Claim Form. Failure to submit required documentation, or to complete all necessary parts of the Claim Form, may result in denial of the Claim, delay its processing, or otherwise adversely affect the Claim.

ASSISTANCE: If you have questions, please visit the Settlement Website at ChoiceHealthDataSettlement.com or call 877-592-2028.

REGISTRATION

First Name | M.I. | Last Name

Mailing Address

City | State | Zip Code

Telephone Number

Email Address

Please provide the Class Member ID identified on the Notice that was sent to you:

Instructions. *Please follow the instructions below and answer the questions as instructed.*

CASH PAYMENT

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

☐ **YES** ☐ **NO**

***** The Parties estimate that payments under this option will be approximately $75. 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, and expenses. You do not need to suffer out-of-pocket losses or expenses to receive this payment.***

OUT-OF-POCKET LOSSES

The Settlement also provides reimbursement for out-of-pocket losses or expenses incurred in or after May 7, 2022 as a result of the Data Incident, up to a maximum reimbursement of $4,000. Examples of losses or expenses that can be reimbursed include, but are not limited to, money spent for credit monitoring services, to hire professional services to remedy identity theft, to freeze your credit, or to remedy a falsified tax return or inaccurate entries on your credit report. To obtain reimbursement, you must provide a brief description of what the losses or expenses were for, and provide supporting third-party documentation, such as receipts, bank statements, or reports.

Did you suffer any financial expenses or losses that you believe were incurred as a result of the Data Incident? (*select one*):

☐ **YES** ☐ **NO**

***If you selected no*,** please proceed to the end of this claim form to provide a date and signature.

***If you selected yes*,** for each loss or expense that you believe you incurred as a result of the Data Incident, please provide a short description of the loss, the date of the loss, and the type of documentation you will be submitting to support the loss. You must provide ALL of this information for this Claim to be processed. **Supporting documents must also be submitted with this Claim Form.** "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. Please provide only copies of your supporting documents and keep all originals for your personal files.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 3 – 1 7 – 2 2 M M D D Y Y	$ 5 0 . 0 0	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 2 – 3 0 – 2 3 M M D D Y Y	$ 3 0 0 . 0 0	Copy of the professional services bill
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FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a check. If you wish to receive an electronic payment, you must submit your Claim Form online at ChoiceHealthDataSettlement.com.

CLASS MEMBER AFFIRMATION

By submitting this Claim Form and signing my name below, I declare that I received notification from Choice Health Insurance, LLC or the Settlement Administrator that I am a potential Class Member. I declare under penalty of perjury that any losses or expenses identified above were suffered by me on or after May 7, 2022, and that the information I provided is true and accurate to the best of my knowledge.

M M D D Y Y Y Y

Signature **Date Signed**

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