Your Claim Form must be submitted online or postmarked by: November 16, 2026

CLAIM FORM

J.D., et al. v. Jefferson County Health Center d/b/a Jefferson County Health Department, Case No. 2622-CC00457
Circuit Court of the City of St. Louis, Missouri

GENERAL INSTRUCTIONS

You may use this claim form to submit a claim for a payment from the above Settlement. Please refer to the Long Form Notice posted on the Settlement Website www.JeffersonCountyBreachSettlement.com for more information.

To receive a payment from the Settlement, you must submit a claim form by November 16, 2026.

Claim forms must be submitted electronically on the Settlement Website by the Claims Deadline above or by mail, postmarked by the Claims Deadline. Please type or legibly print all requested information in blue or black ink. Mail your completed claim form, including any supporting documentation, by U.S. mail to:

Settlement Administrator - 83479
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

Settlement Benefits

Settlement Class Members may submit a claim form to choose one of the two following Settlement benefits:

- **Fixed Cash Payment:** A cash payment estimated to be $150.00 (no documentation is required). See Section III.

  OR

- **Compensation for Lost Time and Out-of-Pocket Expenses**: Reimbursement of a maximum of $300.00 for lost time and out-of-pocket expenses (supporting documentation is required). See Section IV.

The final payment amounts will depend on the amount of fees, costs, and expenses associated with the Settlement and the number of valid claims filed. After deducting the costs of Settlement administration, the service awards to the Class Representatives, and Class Counsel's attorney's fees and expenses, the remaining balance of the Settlement Fund will be used to pay valid claims submitted by Class Members on a *pro rata* (proportional) basis. Payment amounts will be increased if the total dollar value of all valid claims totals less than 75% of the remaining balance of the Settlement Fund and decreased if the total dollar value exceeds the remaining balance of the Settlement Fund.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

_____ _____
First Name **Last Name**

_____
Address 1

_____
Address 2

_____ __ __ __ __ __ __ __
City **State** **Zip Code**

Telephone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Email Address: _____@_____

II. PAYMENT SELECTION

The Settlement payments will be made by electronic payment or check. Please check one of the boxes below to select a payment option:

☐ Zelle ☐ Venmo ☐ PayPal ☐ ACH ☐ E-Mastercard ☐ Check

Note: The easiest way to file a claim and provide electronic payment information is through the Settlement Website. Please visit www.JeffersonCountyBreachSettlement.com and timely file your claim form online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

III. FIXED CASH PAYMENT

Class Members may elect to receive a payment of $150.00 by checking the box below. The final payment amount will be determined once those deductions have been made. You must submit a valid claim form to receive a Fixed Cash Payment, but no supporting documentation is required.

☐ I would like to receive a Fixed Cash Payment.

IV. REIMBURSEMENT FOR TIME LOST AND OUT-OF-POCKET EXPENSES

In lieu of receiving the Fixed Cash Payment option, Class Members may seek reimbursement up to a maximum of $300.00 for their lost time and out-of-pocket expenses by checking the box below and providing supporting documentation. Class Members that select the Reimbursement option must submit a valid claim form and supporting evidence of their lost time, out-of-pocket expenses, or other expenditures. The lost time, out-of-pocket expenses, or other expenditures include, but are not limited to, costs for fraud or identity protection, professional fees, credit repair services, and/or the time incurred dealing with the privacy breach at issue. The lost time and out-of-pocket expenses must have been incurred between the date of the notice of the breach by Defendant and **November 16, 2026** and have not yet been reimbursed by a third party or other source.

☐ I would like to receive Reimbursement for lost time and out-of-pocket expenses. I have attached documentation showing that the losses and expenses listed below were incurred between that date of the notice of the breach by Defendant and **November 16, 2026** and have not yet been reimbursed by a third party or other source.

Cost Type (Fill all that apply)	**Approximate Date of Loss**	**Amount of Loss**	**Description of Supporting Documentation** (Identify what you are attaching and why)
Example: Credit Monitoring Service	3/17/23 (mm/dd/yy)	$50.00	Copy of credit monitoring service bill
	__ __ / __ __ / __ __ (mm/dd/yy)	$_____.____	
	__ __ / __ __ / __ __ (mm/dd/yy)	$_____.____	
	__ __ / __ __ / __ __ (mm/dd/yy)	$_____.____	

V. ATTESTATION & SIGNATURE

By signing below, I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection.

_____ ___ ___ / ___ ___ / ___ ___ ___ ___
Signature Date (mm/dd/yyyy)

_____
Print Name

Reminder:

If your address changes or you need to correct or update to the address you provide on this claim form, please call (833) 453-4461 or visit the "Contact Us" section of the Settlement Website www.JeffersonCountyBreachSettlement.com and provide your updated address information. 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.