

Joyner v. Behavioral Health Network  
Settlement Administrator  
P.O. Box 43416  
Providence, RI 02940-3416



# BHO

*Joyner v. Behavioral Health Network, Inc.*  
HAMPDEN COUNTY MASSACHUSETTS  
SUPERIOR COURT  
No. 2079CV00629

**Must Be Postmarked  
Six Months After the  
Settlement Offering is  
First Instituted**

## ECONOMIC LOSS REIMBURSEMENT FORM

### Reimbursements for Economic Losses

Eligible Settlement Class Members may submit one or more claims for reimbursement for documented Economic Losses related to the Data Security Incident that have not been reimbursed, up to an aggregate total of \$10,000 per Settlement Class Member.

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at [www.behavioralhealthsettlement.com](http://www.behavioralhealthsettlement.com) or by calling 1-855-786-1039.

Settlement Class Members who wish to make a timely and properly-supported claim for reimbursement of Economic Losses related to the Data Security Incident must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; (b) if applicable, a signed copy of IRS Form 14039 along with a statement under penalty of perjury that the form was submitted to the Internal Revenue Service; (c) the bills or invoices documenting the amount of the claim and proof that the bills or invoices were paid; (d) a statement signed under penalty of perjury indicating that: (i) the Economic Losses claimed are fairly traceable to the Data Security Incident; and (ii) the total amount claimed has not been reimbursed by any other person or entity. Third-party documentation of Economic Losses is required to establish a claim. Economic Losses that are compensated under this Settlement are those that are reasonable and customarily incurred when responding to the type of fraud or identity theft suffered by the Settlement Class Member from the Data Security Incident.

Settlement Class Members must submit this documentation along with the form required below through the Settlement Website, or by mailing it to the following address:

*Joyner v. Behavioral Health Network* Settlement Administrator  
P.O. Box 43416  
Providence, RI 02940-3416

If you have any questions, call 1-855-786-1039 or go to [www.behavioralhealthsettlement.com](http://www.behavioralhealthsettlement.com) for more information.

**Deadline:** All claims must be submitted to the Settlement Administrator on or before six months after the Settlement Offering is first instituted.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**CLAIMANT INFORMATION**  
**Please Type or Print in the Boxes Below**

First Name	M.I.	Last Name
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Primary Address
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Primary Address Continued
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City	State	ZIP Code
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**Additional Information**

Last Four Digits of Social Security Number
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Email Address (optional)
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Telephone Number (optional)
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I declare under penalty of perjury that:

- The economic loss I have claimed on this form is related to the Data Security Incident; and
- The total amount claimed has not been reimbursed by any third party.

You may submit one or more reimbursement requests, but all of your requests cannot exceed an aggregate \$10,000. Only one (1) form is needed for multiple costs incurred from the Data Security Incident.

**Amount Requested**

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**Documentary proof must be submitted to support your exact claim amount.**

Please provide a brief description of economic loss requested in this claim, as well as an explanation of how such losses are related to the Data Security Incident. (You may attach additional pages if necessary.)

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Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

Your claim will be submitted to the Settlement Administrator for review. If your Reimbursement Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be mailed a check at the street address you provide. This process takes time; please be patient.

**REIMBURSEMENT FORMS MUST BE POSTMARKED NO LATER THAN SIX MONTHS AFTER THE SETTLEMENT OFFERING IS FIRST INSTITUTED TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT [www.behavioralhealthsettlement.com](http://www.behavioralhealthsettlement.com) OR MAIL THIS REIMBURSEMENT FORM TO *Joyner v. Behavioral Health Network* Settlement Administrator, P.O. Box 43416, Providence, RI 02940-3416.**

