

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 by
No Later Than
January 26, 2022**

Settlement Credit Monitoring and Identity Restoration Enrollment Election Form

Submission Deadline: January 26, 2022

You may quickly and easily file your Election Form online at www.behavioralhealthsettlement.com

The Settlement Class is defined as all persons to whom a notification was sent by or on behalf of Behavioral Health Network, Inc. regarding the Data Security Incident. You may submit this Election Form only if you are a Settlement Class Member in the above action.

As a member of the Settlement Class, you are entitled to obtain coverage under a credit monitoring and identity theft insurance plan at BHN's cost.

Settlement Class Members who elect to receive coverage under the plan will receive enrollment information for coverage under the plan.

To elect the credit monitoring and identity theft insurance plan, please provide the following information:

- I want to **ENROLL** in the credit monitoring and identity theft insurance at BHN's cost.
- I declare under penalty of perjury that I am a Settlement Class Member and that the information provided below is true and accurate.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name

<input type="text"/>
Primary Address

<input type="text"/>
Primary Address Continued

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

<input type="text"/>
Email

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Phone Number				

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

Print Name: _____

The deadline to submit this form is **January 26, 2022 online at www.behavioralhealthsettlement.com or postmarked by mail to *Joyner v. Behavioral Health Network* Settlement Administrator, P.O. Box 43416, Providence, RI 02940-3416.**



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<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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