

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**

LOST TIME REIMBURSEMENT FORM

Reimbursements for Lost Time

Eligible Settlement Class Members may submit one or more claims for reimbursement for documented Lost Time related to the Data Security Incident, up to an aggregate total of \$1,000.00 per Settlement Class Member. Lost Time shall be deemed fairly traceable to the Data Security Incident if (i) the time spent occurred on May 22, 2020 or thereafter, (ii) the Settlement Class Member executes a statement signed under penalty of perjury reimbursement indicating that the Lost Time claimed is fairly traceable to the Data Security Incident, (iii) the Lost Time claimed is of the type expected to be incurred from the Data Security Incident, such as time related to placing a freeze on credit reports, monitoring for fraud, and attempting to repair any fraudulent activity, and (iv) the Settlement Administrator determines by a preponderance of evidence that it is fairly traceable to the Data Security Incident.

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

Settlement Class Members must submit 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 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

Primary Address Continued

City	State	ZIP Code
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Additional Information

Last Four Digits of Social Security Number

Email Address (optional)

Telephone Number (optional)

I declare under penalty of perjury that:

The lost time I have claimed on this form is related to the Data Security Incident; and

You may submit one or more reimbursement requests for Lost Time, but all of your requests cannot exceed an aggregate \$1,000.00. Only one (1) form is needed for multiple costs incurred from the Data Security Incident. Valid hours will be reimbursed subject to pro rata reduction if claims exceed available funds.

I had a total of lost hours of time related to the Data Security Incident.
(insert hours claimed)

Please provide a brief description of lost time requested in this claim, including time spent on each task, as well as an explanation of how such losses are related to the Data Security Incident. (You may attach additional pages if necessary.)

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 OR MAIL THIS REIMBURSEMENT FORM TO *Joyner v. Behavioral Health Network* Settlement Administrator, P.O. Box 43416, Providence, RI 02940-3416.

