

**Must be postmarked or submitted online
NO LATER THAN
November 14, 2022**

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
DATA BREACH SETTLEMENT ADMINISTRATOR
C/O CPT GROUP INC.
50 CORPORATE PARK
IRVINE, CA 92606
WWW.SALINASVALLEYMEMORIALSETTLEMENT.COM

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEMS Breach Claim Form

SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you received notice that your personal information may have been compromised in the Salinas Valley Memorial Healthcare Systems (“Salinas Valley”) data breach announced in June 2020, and if you did not opt out of the settlement, you may submit a claim.

The easiest way to submit a claim is online at www.SalinasValleyMemorialSettlement.com, or you can complete and mail this claim form to the mailing address above.

You may submit a claim for one or more of these benefits:

Cash Reimbursement. Use the claim form to request money for one or more of the following for a combined maximum amount of \$750.00:

1. **Reimbursement for Money You Spent.** If you spent **money** trying to avoid or recover from fraud or identity theft because of the Salinas Valley data breach, you must submit documents supporting your claim.
2. **Reimbursement for Time Spent.** If you spent **time** trying to avoid or recover from fraud or identity theft because of the Salinas Valley data breach, you can get \$25 per hour for up to four (4) total hours.

Settlement Class Members who are Minors. Persons who are under the age of eighteen (18) and whose information was or may have been compromised in the Salinas Valley Data Breach are eligible to submit a claim for settlement benefits through their legal guardian by providing the information requested where indicated in the signature area.

* * *

Claims must be submitted online or mailed and postmarked by November 14, 2022. Use the address at the top of this form for mailed claims.

Please note: the settlement administrator may contact you to request additional documents to process your claim. Your cash benefit may decrease depending on the number of claims filed.

For more information and complete instructions visit www.SalinasValleyMemorialSettlement.com.

Settlement benefits will be distributed after the Settlement is approved by the Court and final. If you submit a claim, it will be maintained as confidential and not shared with Salinas Valley.

YOUR INFORMATION

*We will use this information to contact you and process your claim. It will not be used for any other purpose.
If any of the following information changes, you must promptly notify us by emailing
SalinasValleyMemorialSettlement@cptgroup.com.*

1. NAME:	First	Middle Initial	Last
2. ALTERNATIVE NAME(S):			
3. MAILING ADDRESS:	Street Address		
	Apt. No.		
	City		
	State		
	Zip		
4. PHONE NUMBER:			
5. EMAIL ADDRESS:			
6. ARE YOU MAKING THIS CLAIM ON BEHALF OF A MINOR?	<input type="checkbox"/> YES, MINOR'S NAME: _____ <input type="checkbox"/> NO		

Cash Payment: Money You Lost or Spent

If you lost or spent money trying to prevent or recover from fraud or identity theft caused by the Salinas Valley data breach and have not been reimbursed for that money, you can receive reimbursement for up to \$750.00.

It is important for you to send documents that show what happened and how much you lost or spent, so that you can be repaid.

To find more information about how cash payments work, visit www.SalinasValleyMemorialSettlement.com or call toll-free 1-888-598-3502. You will find more information about the types of costs and losses that can be paid back to you, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment.

Examples of Loss Type and Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why you believe it's related to the Salinas Valley breach)
Credit monitoring and identity theft protection purchased on or after 04/30/2020 <i>Examples: Receipts or statements for credit monitoring services</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Costs, expenses, and losses due suspected fraud or misuse of your personal information on or after 04/30/2020	\$ Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Other expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges related to the data breach <i>Examples: Phone bills, receipts, detailed list of places you traveled (i.e. police station, IRS office), reason why you traveled there and number of miles you traveled</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Cash Payment: Time Spent

If you spent time trying to avoid fraud or identity theft caused by the data breach, (for example, researching the breach, placing or removing credit freezes on your credit files, purchasing credit monitoring services, or taking other actions) or if you spent time trying to recover from fraud or identity theft because of the data breach, complete the chart below. You can be compensated \$25 per hour for up to four (4) hours.

You must describe the actions you took in response to the data breach and the time each action took.

How much time did you lose related to the data breach? _____ : _____
(Do not answer this question if you are not claiming lost time.) *Hours* *Minutes*

By filling out the boxes below, you are attesting that you believe the time you spent relates to this data breach.

Explanation of Time Spent (Identify what you did and why)	Approx. Date(s)	Number of Hours and Minutes
<hr/> <hr/> <hr/> <hr/> <hr/>		
<hr/> <hr/> <hr/> <hr/> <hr/>		

How You Would Like to Receive Your Cash Payment

If you made a claim for a cash payment in this claim form, you can elect to receive your payment either by check or electronically by PayPal or Venmo. Checks must be cashed within 90 days.

Which do you prefer?



mastercard.

Most widely accepted prepaid card -
Use with Apple Pay, Google Pay, Samsung Pay

GET A PREPAID MASTERCARD



PayPal

No bank account required

USE PAYPAL

venmo

No bank account required

USE VENMO



Direct to your bank account

USE DIRECT DEPOSIT

zelle

Direct to your bank account

USE ZELLE

Paper Check By Mail

Allow 1-3 extra weeks for delivery

USE PAPER CHECK

Signature

I affirm under the laws of the United States that the information supplied in this claim form is true and correct to the best of my knowledge and that any documents that I have submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the claims administrator before my claim is complete.

Signature:

Dated:

Print Name:

Print Minor's Name (if filing claim on behalf of minor):

Relationship to Minor (if filing claim on behalf of minor):