

**Your claim must be  
submitted online or  
postmarked by:  
February 8, 2023**

**CLAIM FORM FOR SAN JUAN REGIONAL MEDICAL  
CENTER CYBERATTACK SETTLEMENT**

*Henderson, et al. v. San Juan Regional Medical Center*  
Case D-111-CV-2021-01043

**SJRM-B**

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT SUBCLASS  
TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING  
SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES**

**GENERAL INSTRUCTIONS**

If you were notified by San Juan Regional Medical Center (“SJPMC”) that your Social Security, financial account, driver’s license, or passport numbers were potentially compromised as a result of the cyberattack that SJPMC learned of on or about September 8, 2020 (“Cyberattack”), you are a member of the Settlement Subclass and are eligible to complete this Claim Form to request two (2) years of *Identity Defense Complete* identity protection and credit monitoring service free of charge and/or compensation for unreimbursed losses, up to a total of \$2,500 (“Unreimbursed Losses”).

Unreimbursed Losses include the following:

1. Out-of-pocket expenses incurred as a result of the Cyberattack, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel;
2. Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after the date on which the Settlement Subclass Member received written notice of the Cyberattack through October 13, 2022;
3. Compensation for proven monetary loss, professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services incurred as a result of the Cyberattack; and
4. Up to 3 hours of lost time at a rate of \$17.50 per hour if at least one full hour was spent dealing with the Cyberattack.

Compensation for the above losses (except lost time) will only be paid if:

- The loss is an actual, documented, and unreimbursed monetary loss;
- The loss was more likely than not caused by the Cyberattack;
- The loss occurred between September 7, 2020 and February 8, 2023;
- You made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance; and
- Documentation of the claimed losses is not “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically *via* the Settlement Website at [www.HendersonDataBreachSettlement.com](http://www.HendersonDataBreachSettlement.com) or completed and mailed to the address below. 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:

*SJRM Claims Administrator*  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

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**I. 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 form.

**First Name**

**Last Name**

**Street Address**

**City**

**State**

**Zip Code**

**Email Address**

**Telephone Number**

**II. PROOF OF CLASS MEMBERSHIP**

- ☐ Check this box to certify that you were a patient or employee of the San Juan Regional Medical Center ("SJPMC") before September 7, 2020.

Enter the Notice ID Number provided on your Notice or the approximate timeframe in which you were a patient or employee of SJPMC:

**Notice ID Number**

If you lost your Notice ID Number or otherwise have reason to believe you may be a member of the subclass, please contact the settlement administrator at [info@HendersonDataBreachSettlement.com](mailto:info@HendersonDataBreachSettlement.com).

**III. IDENTITY THEFT PROTECTION**

- ☐ Check this box if you wish to receive two (2) years of free *Identity Defense Complete* identity protection and credit monitoring service.

**IV. UNREIMBURSED LOSSES**

All members of the Settlement Subclass who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$2,500 per member of the Settlement Subclass, that were incurred as a result of the Cyberattack:

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss																									
<input type="radio"/> Out-of-pocket expenses incurred as a result of the Cyberattack, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$						.		
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<b>Examples of Supporting Documentation:</b> <i>Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e., police station, IRS office), indication of why you traveled there (i.e., police report or letter from IRS re: falsified tax return) and number of miles you traveled.</i>																											
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after the date on which you received written notice of the Cyberattack through October 13, 2022.	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$						.		
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<b>Examples of Supporting Documentation:</b> <i>Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.</i>																											
<input type="radio"/> Compensation for proven monetary loss, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the Cyberattack.	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$						.		
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<b>Examples of Supporting Documentation:</b> <i>Invoices or statements reflecting payments made for professional fees/services.</i>																											

**V. COMPENSATION FOR LOST TIME**

All members of the Settlement Subclass who have spent time dealing with the Cyberattack may claim up to three (3) hours for lost time at a rate of \$17.50 per hour. Any payment for lost time is included in the \$2,500 cap per Settlement Subclass member (no documentation is required).

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\_\_\_\_\_ Hours claimed (up to 3 hours)

☐ I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Cyberattack between September 7, 2020 and February 8, 2023.

Provide a written description of how the hours you claimed above were spent:


**VI. PAYMENT SELECTION**

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

☐ **PayPal** - Enter your PayPal email address: \_\_\_\_\_

☐ **Venmo** - Enter the mobile number associated with your Venmo account: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ or Email Address: \_\_\_\_\_

☐ **Virtual Prepaid Card** - Enter your email address: \_\_\_\_\_

☐ **Physical Check** - Payment will be mailed to the address provided above.

**VII. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date