

**Your claim
must be
postmarked by:
July 29, 2025**

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SOLANO**

St. James v. Partnership HealthPlan of California,
Case No. FCS059095

PHC

Claim Form

This claim form should be filled out online or submitted by mail if your Private Information was compromised as a result of the cyberattack perpetrated on Partnership HealthPlan of California (“PHC”) in March 2022 (the “Data Incident”) and you would like to receive a benefit from the settlement.

This claim form must be mailed and postmarked by **July 29, 2025**. Alternatively, you may complete and submit your Claim Form online at www.PHCDataIncidentSettlement.com.

I. SETTLEMENT 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

Phone Number

Email Address

Notice ID Number (if known)

II. SETTLEMENT BENEFITS

Indicate which Settlement Benefit(s) you are claiming by checking the box next to the corresponding benefit. ¹

TIER 1 – ESTIMATED CASH PAYMENT OF \$100

By checking this box, I am selecting the estimated cash payment of \$100. You cannot select a Tier 1 benefit and a Tier 2 benefit.

¹ The final cash payment amount of Tier 1 and Tier 2 benefits will be subject to a pro rata reduction if the amount of cash payments exceed the net amount available from the Settlement Fund (after payment of settlement administration, attorneys’ fees and case expenses).

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TIER 2(A) – OUT-OF-POCKET EXPENSES UP TO \$2,500

By checking this box, I am selecting reimbursement for out-of-pocket expenses incurred as a result of the Data Incident. All of out-of-pocket expenses must be documented.

Out of pocket expenses include: unreimbursed bank fees; unreimbursed card reissuance fees; unreimbursed overdraft fees; unreimbursed charges related to unavailability of funds; unreimbursed late fees; unreimbursed over-limit fees; long distance telephone charges; cell phone charges (if charged by minute); Internet data charges (if charged by the minute or by the amount of data usage and incurred solely as a result of the Data Incident); text messages (if charged by the message and incurred solely as a result of the Data Incident); postage; gasoline for local charges; unreimbursed charges from banks or credit card companies; interest on payday loans due to card cancellation or due to over-limit situation incurred solely as a result of the Data Incident; and costs of credit reports, credit monitoring, or other identity theft insurance products purchased by members of the Settlement Class between March 2022 and the Claims Deadline.

Total amount claimed for this category \$ _____

Describe your unreimbursed out-of-pocket expense(s) below if it is not readily apparent from the documentation you are submitting:

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

TIER 2(B) – LOST TIME – UP TO 10 HOURS AT A CALCULATED RATE OF \$25/HOUR

By checking this box, I am selecting reimbursement for lost time spent dealing with issues arising out of the Data Incident. Claims made for lost time can be combined with claims made for out-of-pocket expenses and, together with the out-of-pocket expenses, are subject to the \$2,500 cap for each Settlement Class Member.

I certify that I spent the following amount of time in response to the Data incident: ___ hours

Provide a brief description of the activities completed during the above-described time:

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TIER 2(C) – EXTRAORDINARY LOSSES UP TO \$10,000

By checking this box, I am selecting reimbursement for extraordinary proven monetary loss arising out of the Data Incident and that I have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance.

Documentation of the extraordinary loss is required. The loss must be more likely than not the result of the Data Breach and must not already be covered by the ordinary reimbursement category.

The extraordinary loss(es) must meet the following criteria to be eligible for payment:

- i. The loss is an actual, documented, and unreimbursed monetary loss;
- ii. The loss was more likely than not caused by the Data Breach;
- iii. The loss occurred during a specified time period;
- iv. The loss is not already covered by one or more of the normal reimbursement categories; and the Settlement Class Member 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.

Total amount for this category \$ _____

Describe your extraordinary loss(es) below, including date expense was incurred and its relation to the Data Incident.

III. PAYMENT OPTIONS

Please select from **one** of the following payment options:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your account: _____ - _____ - _____

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

Mobile Number: _____ - _____ - _____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

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

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IV. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct.

I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Your signature

Date: _____
MM DD YYYY

Your name

Mail your completed claim form and documentation to:

PHC Settlement
c/o Claims Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103