

**CLAIM FORM FOR PREMERA BLUE CROSS SECURITY INCIDENT SETTLEMENT BENEFITS**

*In re: Premera Blue Cross Customer Data Security Litigation, Case No. 3:15-md-2633-SI*

**USE THIS FORM TO MAKE A CLAIM FOR CREDIT MONITORING AND INSURANCE SERVICES,  
CASH PAYMENTS FOR REIMBURSEMENT OF OUT-OF-POCKET LOSSES OR THE DEFAULT  
SETTLEMENT PAYMENT, AND THE CALIFORNIA SETTLEMENT PAYMENT**

**The DEADLINE to submit this Claim Form is March 30, 2020**

**I. GENERAL INSTRUCTIONS**

If you were notified that your private information (“Personal Information”) could have been accessed in the Security Incident wherein Premera’s computer network was the target of an external criminal cyberattack that began in May 2014, you are a “Class Member.” If you received a notice about this class action Settlement addressed to you, then the Settlement Administrator has already determined that you are a Class Member.

As a Class Member, you are eligible to receive two years of free Credit Monitoring and Identity Theft Insurance Services (“Credit Monitoring & Insurance Services”), up to a \$10,000 cash payment for reimbursement of costs or expenditures actually incurred and that are plausibly traceable to the Security Incident (“Out-of-Pocket Losses”) or up to \$50 of alternative settlement compensation (“Default Settlement Payment”), and a cash payment of up to \$50 if you were a California resident as of March 17, 2015 and you received a notice from Premera that your information could have been accessed in the Security Incident, as compensation under the California Confidentiality of Medical Information Act (“California Settlement Payment”).

The free Credit Monitoring & Insurance Services will be the Individual Total Plan provided by Identity Guard, valued at \$19.99 per month. If you already subscribed to the Individual Total Plan with Identity Guard, two additional years will be added to your current plan for free. If you already have a similar service from another provider, you can request that this service start after your other service expires.

To claim the Credit Monitoring & Insurance Services, you need only provide your email address and the Unique Identification Number provided to you in the notice that you received by mail.

Cash payments amounts may be adjusted *pro rata* (proportionately) depending on how many people submit such Claims. Additional payments may also be sent. Complete information about the Settlement and its benefits are available at [www.PremeraSettlement.com](http://www.PremeraSettlement.com).

This Claim Form may be submitted electronically via the Settlement Website at [www.PremeraSettlement.com](http://www.PremeraSettlement.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:

Premera Settlement Administrator  
P.O. Box 3607  
Portland, OR 97208-3607

**Questions? Go to [www.PremeraSettlement.com](http://www.PremeraSettlement.com) or call 1-877-202-7335.**

## II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments and Credit Monitoring & Insurance Services, you must notify the Settlement Administrator in writing at the address above.

First Name

M.I.

Last Name

Mailing Address, Line 1: Street Address/P.O. Box

Mailing Address, Line 2

City

State

ZIP Code

Telephone Number (Home)

 -  - 

Telephone Number (Other)

 -  - 

Email Address (for Credit Monitoring & Insurance Services)

Date of Birth (mm/dd/yyyy)

 -  - 

Unique ID Provided on mailed Notice (if known)

You will receive your payment by check in the mail, unless you prefer payment via PayPal, Venmo, Amazon Credit, or eCheck. If so, please select which you prefer and provide the email address associated with your account.

PayPal

Venmo

Amazon Credit

eCheck

## III. CREDIT MONITORING & INSURANCE SERVICES

If you wish to receive Credit Monitoring & Insurance Services, please provide your email address in the space provided in Section II, above, and return this Claim Form. Submitting this Claim Form will not automatically enroll you into Credit Monitoring & Insurance Services. To enroll, you must follow the instructions sent to your email address, above, after the Settlement is approved and becomes final (the "Effective Date").

## IV. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

In addition to Credit Monitoring & Insurance Services, you may also seek reimbursement for up to \$10,000 of Out-of-Pocket Losses you incurred that are plausibly traceable to the Security Incident. Out-of-Pocket Losses include, for example: late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, card cancellation or replacement fees, credit-related costs related to purchasing credit reports, credit monitoring or identity theft protection, costs to place a freeze or alert on credit reports, costs to replace a driver's license, state identification card, or Social Security number, which are attributable to the Security Incident.

In order to make a Claim for Out-of-Pocket Losses, you must (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section VII); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Out-of-Pocket Losses will be deemed plausibly traceable to the Security Incident by the Settlement Administrator if the Out-of-Pocket Losses occurred on or after May 5, 2014, through the date of your Claim submission, and the Settlement Administrator determines that the Out-of-Pocket Losses were incurred as a result of the Security Incident.

Questions? Go to [www.PremeraSettlement.com](http://www.PremeraSettlement.com) or call 1-877-202-7335.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="checkbox"/> Unreimbursed fraud losses or charges	<div style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>            MM                  DD                  YY         </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p><b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why):  <i>Examples: Account statement with unauthorized charges highlighted; correspondence from financial institution declining to reimburse you for fraudulent charges.</i></p>		
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns	<div style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>            MM                  DD                  YY         </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p><b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why):  <i>Examples: Receipt for hiring service to assist you in addressing identity theft; accountant bill for refiling tax return.</i></p>		
<input type="checkbox"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	<div style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>            MM                  DD                  YY         </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p><b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why):  <i>Examples: Letter from IRS or state about tax fraud in your name; documents reflecting length of time you waited to receive your tax refund and the amount.</i></p>		
<input type="checkbox"/> Credit freeze	<div style="text-align: center;"> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>            MM                  DD                  YY         </div>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p><b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why):  <i>Examples: Notices or account statements reflecting payment for a credit freeze.</i></p>		

Questions? Go to [www.PremeraSettlement.com](http://www.PremeraSettlement.com) or call 1-877-202-7335.

<input type="checkbox"/> Credit monitoring that was ordered after May 5, 2014, through the date on which the Credit Monitoring & Insurance Services become available through this Settlement	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>–</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>–</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MM</span> <span>DD</span> <span>YY</span> </div>	\$ <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>•</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>
<b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why): <i>Examples: Receipts or account statements reflecting purchases made for Credit Monitoring &amp; Insurance Services.</i>		
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>–</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>–</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MM</span> <span>DD</span> <span>YY</span> </div>	\$ <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>•</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>
<b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why): <i>Examples: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (e.g., police station, IRS office), indication of why you traveled there (e.g., police report or letter from IRS re: falsified tax return) and number of miles you traveled.</i>		
<input type="checkbox"/> Other (provide detailed description)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>–</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>–</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MM</span> <span>DD</span> <span>YY</span> </div>	\$ <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <span>•</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>
<b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why): <i>Please provide a detailed description below or in a separate document submitted with this Claim Form.</i>		
<input type="checkbox"/> <b>Time Expenditures:</b> Hours spent taking actions intended to remedy fraud, identity theft, or other misuse of Personal Information	<p><b><u>IMPORTANT:</u></b> To make a Claim for reimbursement of Out-of-Pocket Losses for Time Expenditures, you must: (i) check the appropriate box in the “Out-of-Pocket Losses for Time Expenditures” Section below, and indicate whether you have provided Reasonable Documentation of your lost time, or whether you are claiming Self-Certified time, (ii) state the number of hours you spent addressing or remedying the issues caused by the Security Incident, and (iii) sign the attestation at the end of this Claim Form.</p>	
<b>Description of Supporting Reasonable Documentation</b> (Identify what you are attaching and why):		

Questions? Go to [www.PremeraSettlement.com](http://www.PremeraSettlement.com) or call 1-877-202-7335.

**OUT-OF-POCKET LOSSES FOR TIME EXPENDITURES  
(REQUIRED FOR CLAIMS FOR OUT-OF-POCKET LOSSES FOR TIME EXPENDITURES)**

You can make a Claim of up to twenty (20) hours of time at \$20 per hour for time spent addressing or remedying issues caused by the Security Incident by submitting Reasonable Documentation of your lost time. If you do not submit Reasonable Documentation supporting your time expenditures, but can submit Reasonable Documentation of a fraud, identity theft, or other alleged misuse of your Personal Information plausibly traceable to the Security Incident, you may instead make a Claim for Self-Certified Time of up to five (5) hours of time at \$20 per hour for time spent addressing or remedying issues caused by the Security Incident.

To make a Claim for reimbursement of Out-of-Pocket Losses for Time Expenditures, you must: (i) indicate by checking the appropriate box below, whether you have provided Reasonable Documentation of your lost time, or whether you are instead claiming Self-Certified Time, (ii) state the number of hours you spent addressing or remedying the issues caused by the Security Incident; and (iii) sign the attestation at the end of this Claim Form.

**Please check only one box:**

I have provided Reasonable Documentation of my lost time.

OR

**Self-Certified Time:** I have **not** provided Reasonable Documentation of my lost time and am instead claiming Self-Certified Time.

**Please State Number of Hours Here:**

Out-of-Pocket Losses for Time Expenditures will be deemed plausibly traceable to the Security Incident by the Settlement Administrator if the Out-of-Pocket Losses for Time Expenditures occurred on or after May 5, 2014, and the Settlement Administrator determines that the Out-of-Pocket Losses for Time Expenditures were incurred as a result of the Security Incident.

**Note:** If your Claim for Out-of-Pocket Losses is rejected by the Settlement Administrator for any reason and you do not cure the defect, you will receive a Default Settlement Payment instead.

**V. DEFAULT SETTLEMENT PAYMENT**

If you wish to receive the Default Settlement Payment, simply check the box below, sign the verification that you are not seeking compensation for Out-of-Pocket Losses, and return this Claim Form.

**DEFAULT SETTLEMENT PAYMENT VERIFICATION  
(REQUIRED FOR CLAIMS FOR THE DEFAULT SETTLEMENT PAYMENT)**

I, \_\_\_\_\_, verify that I am not seeking compensation for Out-of-Pocket Losses, and would like to receive the Default Settlement Payment.

A check will be mailed to the address you provided in Section II, above, as long as the Net Settlement Fund is not depleted by the Claims for other cash payments. You cannot receive a cash payment for reimbursement of Out-of-Pocket Loss and the Default Settlement Payment (see section IV above).

If you would prefer to receive your Default Settlement Payment via Paypal, Venmo, Amazon credit, or eCheck, please provide your email address associated with your account in the space provided in Section II, above, and return this Claim Form.

Questions? Go to [www.PremeraSettlement.com](http://www.PremeraSettlement.com) or call 1-877-202-7335.

**VI. CALIFORNIA SETTLEMENT PAYMENT**

In addition to Credit Monitoring & Insurance Services and reimbursement of Out-of-Pocket Losses or the Default Settlement Payment, you may file a Claim for the California Settlement Payment of up to \$50 if, as of March 17, 2015, you were a California resident, and you received a notice from Premera that your information could have been accessed in the Security Incident.

If you qualify and wish to receive the California Settlement Payment, simply check the box below, and return this Claim Form.

Yes, I would like to receive the California Settlement Payment.

If you would prefer to receive your California Settlement Payment via Paypal, Venmo, Amazon credit, or eCheck, please provide your email address associated with your account in the space provided in Section II, above, and return this Claim Form.

**VII. ATTESTATION  
(REQUIRED FOR CLAIMS FOR OUT-OF-POCKET LOSSES)**

I, \_\_\_\_\_, declare that I expended the Out-of-Pocket Losses claimed above.  
[Name]

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.  
[Date] [City] [State]

\_\_\_\_\_

[Signature]