

Kaiser Privacy Breach Settlement

Opt-Out Form

Class Member Name

Email Address associated with your Kaiser Account

Phone Number

Address Line 1

Address Line 2

City

State

Zip

Class Member Unique ID

In order to assist us in locating your information in Defendant's records please provide this unique ID information if you have it available. It is located prominently at the bottom of the notice portion on the postcard, or the top of the email notification you received.

**I understand that by signing and submitting this Opt-Out Form, I am stating to the Court that I DO NOT want to be part of the Settlement. I also understand that: (1) I will not be eligible to receive any Settlement benefits; (2) I cannot object to the Settlement; (3) I will not be legally bound by anything that happens in this lawsuit; and (4) I may be able to pursue (or continue to pursue) a claim against Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and the Kaiser Foundation Plan of Washington ("Kaiser") or any of the Released Parties in the future.**

I affirm under the laws of the United States that the information I have supplied is true and correct to the best of my knowledge and attest that: (1) I was a resident of the United States on \_\_\_\_\_; (2) I am a past and/or current user of Kaiser; and (3) the following is my personally-signed signature.

Signature

Date

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Printed Name

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If you are submitting this form on behalf of a person under your legal guardianship (such as a minor child). Print their name below.

Name

Please mail this completed form to  
Kaiser Privacy Breach Settlement  
c/o Strategic Claims Services  
600 N Jackson Street, Suite 205  
Media PA, 19063

POSTMARKED NO LATER THAN MARCH 12, 2026.