

PROOF OF CLAIM FORM

Kaiser Privacy Breach Settlement

DEADLINE FOR SUBMISSION - MARCH 12, 2026

If you are a current or former member of the Kaiser Foundation Health Plan, Inc. or any of its affiliates in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, or the District of Columbia, and accessed the authenticated pages of the Kaiser Permanente websites or mobile applications listed below from November 2017 to May 2024, you are a Settlement Class Member and may submit a Claim Form in order to receive a payment from the Settlement created in *John Doe, et al. v. Kaiser Foundation Health Plan, Inc., et al.*, Case No. 3:23-cv-02865-EMC (N.D. Cal.) (“Action”):

Websites	
	https://wa-member.kaiserpermanente.org https://healthy.kaiserpermanente.org https://mydoctor.kaiserpermanente.org
Mobile Applications	
	Kaiser Permanente Washington App Kaiser Permanente App My Doctor Online (NCAL Only) App My KP Meds App KP Health Ally App

TO RECEIVE A PAYMENT FROM THE SETTLEMENT, YOU MUST SUBMIT A CLAIM FORM ONLINE AT WWW.KAISERPRIVACYSETTLEMENT.COM, OR YOU CAN COMPLETE AND MAIL THIS CLAIM FORM TO THE SETTLEMENT ADMINISTRATION AT THE MAILING ADDRESS BELOW, **POSTMARKED NO LATER THAN MARCH 12, 2026.**

Kaiser Privacy Breach Settlement
c/o Strategic Claims Services, Inc.
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

FAILURE TO SUBMIT YOUR CLAIM FORM BY MARCH 12, 2026 MAY PRECLUDE YOU FROM RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT. IF YOU ARE A SETTLEMENT CLASS MEMBER AND DO NOT SUBMIT A VALID CLAIM FORM, YOU WILL NOT SHARE IN THE SETTLEMENT BUT YOU NEVERTHELESS WILL BE BOUND BY THE SETTLEMENT (INCLUDING ITS RELEASE OF CLAIMS) AND ALL OF THE ORDERS AND JUDGMENTS ENTERED BY THE COURT IN THE ACTION.

All questions regarding this Claim Form and your eligibility to receive a payment from the Settlement should be directed to the Settlement Administrator at:

Email: info@KaiserPrivacySettlement.com or Telephone: 1-855-783-3816

I. CLAIMANT INFORMATION

Claimant Name:		
Address:		
City	State	ZIP
Foreign Province	Foreign Country	
Day Phone	Evening Phone	
Email		
Identification Number Assigned by Settlement Administrator:		

II. CONFIRMATION OF IDENTIFICATION NUMBER

IF YOU RECEIVED NOTIFICATION OF THE SETTLEMENT BY EMAIL OR POSTCARD THAT INCLUDED AN IDENTIFICATION NUMBER FROM THE SETTLEMENT ADMINISTRATOR AND PROVIDED IT IN THE SECTION ABOVE, PLEASE CHECK THE BOX BELOW AND PROCEED TO THE NEXT SECTION OF THIS CLAIM FORM.

- ☐ I confirm that I have provided the Identification Number assigned by the Settlement Administrator where indicated on this Claim Form.

III. PAYMENT ELECTION

If you are a member of the Settlement Class and entitled to receive a payment from the Settlement Fund, you must choose a form of payment from the options below. Please make sure you have completely filled out Section I above with your contact information, including a valid email address, so your payment can be properly processed.

- ☐ I choose to receive my distribution payment from the Net Settlement Fund via electronic payment, which will be sent to me by email to the email address identified in Section I above. (At the time of distribution, those receiving electronic payments will be able to select between electronic Mastercard, Amazon, Target, Venmo, PayPal or ACH Direct Deposit.)

OR

- ☐ I choose to receive my distribution payment from the Net Settlement Fund via a physical check, which will be mailed to me at the address listed in Section I above.

PLEASE NOTE: If a form of payment is not selected above, the default payment form will be an electronic payment.

IV. CERTIFICATION

I submit this Claim Form under the terms of the Amended Stipulation of Settlement dated December 1, 2025, (“Stipulation”) described in the Notice of Pendency and Proposed Settlement of Class Action and Fairness Hearing (“Notice”) available at www.KaiserPrivacySettlement.com. I also submit to the jurisdiction of the United States District Court for the Northern District of California with respect to my claim as a Settlement Class Member and for purposes of enforcing the releases and covenant not to sue set forth in the Stipulation. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in this Action. I have not submitted any other claim covering the same allegations and know of no other Person having done so on my behalf.

- I certify that I have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Stipulation and the terms of the Plan of Allocation.
- I certify that I am a member of the Settlement Class, as defined in the Stipulation and the Notice, and am not excluded by definition from the Settlement Class as follows:

Excluded from the Settlement Class are (1) the Judges presiding over the Action, Class Counsel, Sutter Counsel, and immediate members of their families; (2) Kaiser Foundation Health Plan, Inc., its subsidiaries, parent companies, successors, predecessors, and any entity in which the Kaiser Foundation Health Plan, Inc. or its parent has a controlling interest, and its current or former officers and directors; (3) Persons who properly execute and submit a request for exclusions prior to the Opt-Out Deadline; (4) the successors or assigns of any such excluded Persons; and (5) Kaiser Permanente Members Who Have Chosen to Arbitrate, with “Members Who Have Chosen to Arbitrate” defined as (i) the seventeen (17) current and former Kaiser Permanente members identified in Appendix A to the Stipulation of Settlement represented by one or more of the Potter Handy, LLP (“Potter Handy”), Milberg Coleman Bryson Phillips Grossman, LLC (“Milberg”), and Bryson Harris Suci & DeMay, PLLC (“Bryson”) law firms; and (ii) the four (4) current and former Kaiser Permanente members identified in Appendix B to the Stipulation of Settlement represented by the Shay Legal, APC and Swigart Law Group, APC law firms. Or, if I am among the twenty-one (21) Members Who Have Chosen to Arbitrate, I certify that I have withdrawn and/or dismissed my arbitration on or before January 19, 2026.

- I certify that I have not submitted or intend to submit a request for exclusion from the Settlement Class.
- I certify that I am NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am exempt from backup withholding; or (b) I have not been notified by the I.R.S. that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the I.R.S. has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

- I agree to waive my right to trial by jury, to the extent it exists, and agree to the determination by the Court of the validity or amount of this Claim, and waive any right of appeal or review with respect to such determination.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I CERTIFY THAT ALL OF THE INFORMATION I PROVIDED ON THIS CLAIM FORM IS TRUE, CORRECT AND COMPLETE.

(Signature)

Date: _____

**THIS CLAIM FORM MUST BE MAILED TO THE SETTLEMENT ADMINISTRATOR
POSTMARKED BY MARCH 12, 2026 OR SUBMITTED ONLINE BY 11:59 P.M. PST ON
MARCH 12, 2026 AT WWW.KAISERPRIVACYSETTLEMENT.COM.**

If mailed, a Claim Form shall be deemed to have been submitted when posted, if a postmark date on or before March 12, 2026 is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Settlement Administrator. The Settlement Administrator will acknowledge receipt of your Claim Form by emailing a confirmation if submitted online or if an email address is provided. Your Claim Form is not deemed submitted until you receive such an acknowledgement.

Accurate claim processing does take time. Please be patient.

REMINDER CHECKLIST

- Please be sure to complete all sections of this Claim Form and sign this Claim Form.
- If you did not receive an Identification Number, please contact the Settlement Administrator.
- Keep copies of everything you submit.

If you move or change your address, telephone number or email address, please submit the new information to the Settlement Administrator, as well as any other information that will assist us in contacting you. PLEASE NOTE: Failure to submit updated contact information to the Settlement Administrator may result in the Settlement Administrator's inability to contact you regarding issues with your Claim Form or delivering payment to you.