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<p>YOUR CLAIM FORM MUST BE SUBMITTED ON OR BEFORE JANUARY 18, 2024</p>	<p>Settlement Administrator - 175057 c/o Kroll Settlement Administration LLC PO Box 5324 New York, NY 10150-5324</p>	<p>FOR OFFICE USE ONLY</p>
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In re Advocate Aurora Health Pixel Litigation

U.S. District Court for the Eastern District of Wisconsin (Case No. 2:22-cv-1253)

CLAIM FORM

**SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT
WWW.ADVOCATEAURORASETTLEMENT.COM**

GENERAL CLAIM FORM INFORMATION

You may complete and submit a claim online or by mail if you resided in the United States and visited Advocate Aurora Health Inc.'s ("Advocate") websites, LiveWell app, or MyChart patient portal between October 24, 2017, and October 22, 2022 (the "Settlement Class").

The Postcard Notice mailed to members of the Settlement Class summarizes your legal rights and options. Please visit the official Settlement Website, www.AdvocateAuroraSettlement.com, or call (833) 933-9030 for more information.

If you wish to submit a claim for a Settlement cash payment, please provide the information requested below. You must submit your claim online by the Claim Deadline of **January 18, 2024**, or complete and mail this Claim Form to the address at the top of this form, postmarked by **January 18, 2024**.

TO SUBMIT A CLAIM FOR PAYMENT:

1. Complete all sections of this Claim Form.
2. Sign the Claim Form.
3. Submit the completed Claim Form to the Settlement Administrator so that it is postmarked by **January 18, 2024**.

This Claim Form should only be used if a claim is being mailed and is not being filed online. Note that postage to send the Claim Form by mail is not pre-paid.

Payment will be mailed in the form of a check to the address you provide below. If you would like to receive a payment electronically (e.g., Venmo, PayPal, or ACH) you must submit a Claim Form online at www.AdvocateAuroraSettlement.com.



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1. SETTLEMENT CLASS MEMBER INFORMATION

*First Name MI *Last Name

*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

*City *State *Zip Code Zip4 (Optional)

*Current Email Address @

(____ ____ ____) ____ ____ ____ - ____ ____ ____ ____
Current Phone Number (Optional)

2. PAYMENT ELIGIBILITY INFORMATION AND ATTESTATION

Please review the Postcard Notice and Frequently Asked Questions located on the Settlement Website, www.AdvocateAuroraSettlement.com, for more information about who is eligible for a cash payment under the Settlement. Please provide as much information as you can to help us determine if you are entitled to a Settlement cash payment.

Settlement Class Members who file a valid Claim Form will be eligible to receive a pro rata cash payment from the Net Settlement Fund. Settlement Class Members will receive, at most, one (1) payment.

I attest that I resided in the United States and visited Advocate’s websites, used its LiveWell app, or logged into a patient portal account through Advocate’s website at least once between October 24, 2017, and October 22, 2022.



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3. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury, under the laws of the United States and the state where this Claim Form is signed, 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.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information before my claim will be considered complete and valid.

Signature

____/____/____
Date (mm/dd/yyyy)

Printed Name

Please keep a copy of your completed Claim Form for your records.

Mail your completed Claim Form to the Settlement Administrator:

Settlement Administrator - 175057
c/o Kroll Settlement Administration LLC
PO Box 5324
New York, NY 10150-5324

or submit your Claim online at
www.AdvocateAuroraSettlement.com

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your claim. You can update your contact information on the Contact page at
www.AdvocateAuroraSettlement.com.



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