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**Your Claim must be submitted online or postmarked by: DECEMBER 21, 2023**

**MAGELLAN SETTLEMENT CLAIM FORM**

*Griffey et al. v. Magellan Health, Incorporated*  
Case No. CV-20-01282-PHX-MTL  
United States District Court for the District of Arizona

**MAGELLAN-A-1**

**USE THIS FORM ONLY IF YOU ARE A COMMON-FUND SETTLEMENT CLASS MEMBER**

**GENERAL INSTRUCTIONS**

If you received notice of this settlement, the Settlement Administrator identified you as a Common-Fund Settlement Class Member whose personally identifiable information and/or protected health information, including your Social Security number may have been exposed to unauthorized third parties as a result of the Data Incident experienced by Magellan in 2020 (the “Data Incident”). You may submit a Claim for settlement benefits, outlined below.

**The easiest way to submit a Claim is online at [www.MHIsettlement.com](http://www.MHIsettlement.com), or you can complete and mail this Claim Form to the mailing address below.**

*Settlement Administrator*  
Griffey v. Magellan Health Incorporated  
c/o Kroll Settlement Administration  
PO Box 5324  
New York, NY 10150-5324

**To receive any of these benefits, you must submit the Claim Form below by December 21, 2023**

**You may submit a Claim for the following benefits:**

- 1) **Pro-Rata Cash Payment:** Common-Fund Settlement Class Members may submit a Claim for a cash payment of \$100.
  - a) The Settlement Administrator will make pro rata settlement payments, which may increase or decrease the \$100 Cash Payment, subject to the total amount of the Common Fund (\$1.5 million).
  - b) Common-Fund Settlement Class Members who select this \$100 Cash Payment may not claim any of the other benefits offered herein.

**OR**

- 2) **Expense Reimbursement:**
  - a) **Documented Out-of-Pocket Expenses:** You may submit a Claim for reimbursement for certain documented out-of-pocket expenses, not to exceed \$5,000 per Common-Fund Settlement Class Member, that were incurred as a result of the Data Incident. Documented Out-of-Pocket Expenses may include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after Data Incident through the date of Claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges. You must attest that the Documented Out-of-Pocket Expenses are fairly traceable to Data Incident and not incurred due to some other event or reason.
  - b) **Time Spent Dealing with the Data Incident:** You have the right to make a Claim for up to five (5) hours of lost time, at \$25/hour, for time spent dealing with the Data Incident. This amount is subject to the \$5,000 per class member cap.

**Questions? Go to [www.MHIsettlement.com](http://www.MHIsettlement.com) or call (833) 933-8709.**



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Please read the Claim Form carefully and answer all questions. Failure to provide the required information could result in a denial of your Claim.

Please note: the Settlement Administrator may contact you to request additional documentation to process your claim. For more information and complete instructions, please visit [www.MHIsettlement.com](http://www.MHIsettlement.com).

**Settlement benefits will be distributed only after the settlement is approved by the Court.**

**I. CLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Email Address (optional)**

@

( \_\_\_\_\_ )

\_\_\_\_\_  
**Telephone Number**

**II. PROOF OF CLASS MEMBERSHIP**

Check this box to certify that you were notified of the Data Incident and/or settlement, including that your Social Security number may have been involved in the Data Incident

Enter the Notice ID Number provided on your postcard notice. Your Notice ID is located on the front of the postcard notice that was sent to Settlement Class Members via U.S. Mail. If you lost or do not know your Unique ID, you may contact the Settlement Administrator at [info@MHIsettlement.com](mailto:info@MHIsettlement.com).

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**Notice ID Number**

**III. PRO RATA CASH PAYMENT**

Check this box if you elect to receive a cash payment of \$100.\*

\*This amount may increase or decrease, on a pro rata basis, depending upon the number of Claims approved.

**IF YOU SELECT THIS CASH BENEFIT, YOU MAY NOT CLAIM ANY OF THE OTHER SETTLEMENT BENEFITS.**

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**IV. REIMBURSEMENT FOR LOST TIME**

All Common-Fund Settlement Class Members who have spent time dealing with the Data Incident may claim up to five (5) hours for lost time at a rate of \$25 per hour. Any payment for lost time is included in the \$5,000 cap per Common-Fund Settlement Class Member (no documentation is required).

Hours claimed (up to 5 hours – check one box)  1 Hour  2 Hours  3 Hours  4 Hours  5 Hours

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident and not incurred due to some other event or reason

***In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident. Check all activities, below, which apply.***

- Calling bank/credit card customer service lines regarding fraudulent transactions.
  - Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
  - Time on the internet verifying fraudulent transactions.
  - Time on the internet updating automatic payment programs due to new card issuance.
  - Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
  - Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
  - Other. Provide description(s) here: \_\_\_\_\_
- 
- 
- 

**V. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES**

Common-Fund Settlement Class Members may submit a Claim for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$5,000 per Common-Fund Settlement Class Member, that were incurred as a result of the Data Incident:

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="checkbox"/> Out-of-Pocket expenses incurred as a result of the Data Incident, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	____/____/____ (mm/dd/yy)	\$ _____.____
<p><b>Examples of Supporting Third Party Documentation:</b> Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses. Please note that these examples of reimbursable documented out-of-pocket losses are not meant to be exhaustive, but exemplary. You may make Claims for any documented out-of-pocket losses that you believe are reasonably related and fairly traceable to the Data Incident and not incurred due to some other event or reason.</p>		
<input type="checkbox"/> Fees for credit reports, credit monitoring, or other identity theft insurance products purchased after April 2020 that you attest under penalty of perjury were caused or otherwise incurred as a result of the Data Incident.	____/____/____ (mm/dd/yy)	\$ _____.____
<p><b>Examples of Supporting Documentation:</b> Receipts or account statements reflecting purchases made for credit monitoring or identity theft insurance services.</p>		
<input type="checkbox"/> Reimbursement for proven monetary loss, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the Data Incident.	____/____/____ (mm/dd/yy)	\$ _____.____
<p><b>Examples of Supporting Documentation:</b> Invoices or statements reflecting payments made for professional fees/services.</p>		
<p><b>YOU MUST SUBMIT DOCUMENTATION OF YOUR OUT-OF-POCKET EXPENSES</b></p> <p><input type="checkbox"/> I attest and affirm to the best of my knowledge and belief that any claimed expenses were incurred as a result of the Data Incident and not incurred due to some other event or reason.</p>		

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**VII. PAYMENT SELECTION**

If you want to receive an electronic payment, please submit your Claim online.

**VII. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of my state 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.

\_\_\_\_\_  
Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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