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Jane Doe v. SSM Health Care Corporation d/b/a SSM Health, Case No. 2222-CC10014-01
Circuit Court of the City of St. Louis, State of Missouri

Settlement Claim Form

If you are a Settlement Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before November 25, 2025, or submitted online on or before November 25, 2025.

The full notice of this settlement is available at SSMHealthDataSettlement.com.

To be eligible to receive cash benefits from the settlement obtained in this class action lawsuit, you must submit this completed and signed Claim Form online at SSMHealthDataSettlement.com or by mail to SSM Settlement, P.O. Box 3679, Portland, OR 97208-3679.

CLAIMANT INFORMATION, PAYMENT METHOD ELECTION, AND SIGNATURE

If you wish to receive a \$31.50 cash payment, please provide your name and contact information below and sign and date. If your contact information changes after submission of this Claim Form, please notify the Settlement Administrator to ensure your payment reaches you.

FIRST NAME	MI	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

STREET ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS

UNIQUE ID

Unless you indicate otherwise, the cash payment will be sent in the form of a check. If you would like payment in a different form, please select from the options below:

Venmo

Mobile Number: - -

Email Address:

PayPal

Mobile Number: - -

Email Address:

Zelle

Mobile Number: - -

Email Address:



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By signing below, I affirm that I am a natural Person who is, or was, a patient of defendant SSM Health and logged into the SSM Health MyChart patient portal between July 6, 2020, and February 10, 2023, and that all of the information on this Claim Form is true and correct to the best of my knowledge.

Signature

Date: - -
MM DD YYYY

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