

**Whitman Settlement
Administrator
P.O. Box 1668
Baton Rouge, LA 70821**

*Rae Whitman v. Whitman County Public Hospital District #3 d/b/a
Whitman Hospital & Medical Center*

Case No. 2:25-cv-00246-SAB
U.S District Court for the E.D. Wash.

WHITMAN DATA INCIDENT SETTLEMENT CLAIM FORM

**Your Claim Form
must be postmarked
or submitted online
no later than:
June 24, 2026**

ELIGIBILITY INFORMATION

Who is eligible to file a Claim? You are eligible to submit a Claim if you are a member of the Settlement Class. The Settlement Class is defined as all living individuals residing in the United States whose Private Information was impacted in the Data Incident that occurred between December 26, 2024 and February 28, 2025.

Excluded from the Settlement Class are: (a) directors, officers, and employees of Defendant, and any entity in which Defendant has a controlling interest; (b) governmental entities; (c) the Judge assigned to the Action, that Judge's immediate family, and Court staff; (d) any Settlement Class Member who timely and validly opted out of the Settlement; and (e) any person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Data Incident, or who pleads *nolo contendere* to any such charge.

**COMPLETE THIS CLAIM FORM IF YOU ARE A SETTLEMENT CLASS MEMBER AND WISH TO
RECEIVE ONE OR BOTH OF THE FOLLOWING SETTLEMENT BENEFITS.**

AVAILABLE SETTLEMENT BENEFITS

All Settlement Class Members may submit a Claim for one of two Cash Payment options: (a) Cash Payment A – Documented Losses; or (b) Cash Payment B – Alternate Cash. Additionally, all Settlement Class Members may elect to receive two (2) years of one-bureau Credit Monitoring.

SETTLEMENT BENEFITS

Credit Monitoring. All Class Members are eligible to receive two (2) years of Credit Monitoring services, specifically IDX Identity Protection Services, and includes the following features:

- (1) single bureau credit monitoring and alerts;
- (2) dark web monitoring;
- (3) \$1,000,000.00 reimbursement insurance;
- (4) member advisory services; and
- (5) lost wallet assistance.

AND

Cash Payment A - Documented Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you may file a Claim for reimbursement. The maximum amount of this reimbursement is \$5,000.00.

You must provide documentation and an attestation under penalty of perjury related to the Data Incident.

This benefit covers out-of-pocket expenses like:

- (1) unreimbursed losses relating to fraud or identity theft;
- (2) professional fees including attorneys' fees, accountants' fees, and fees for credit repair services;
- (3) costs associated with freezing or unfreezing credit with any credit reporting agency;

Questions? Call 1-844-747-2148 Toll-Free or Visit www.WhitmanSettlement.com

- (4) credit monitoring costs that were incurred on or after mailing of the notice of the cybersecurity incident, through the date of claim submission; and
- (5) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges;

You must submit documentation, such as receipts, to verify the costs you incurred. You may submit “self-prepared” documents to clarify or support other submitted documentation, but self-prepared documents by themselves are not sufficient to file a Valid Claim.

OR

Cash Payment B – Alternate Cash. As an alternative to submitting a Claim for Cash Payment A, you may elect to receive a Cash Payment B, which is an alternative cash payment in the estimated amount of \$60.00. This amount may be increased or decreased depending on how many Valid Claims are submitted.

If you have questions about these Settlement Benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@WhitmanSettlement.com
- Call toll free, 24/7: 1-844-747-2148
- By mail: Whitman Hospital Data Incident Settlement Administrator, P.O. Box 1668, Baton Rouge, LA 70821.

THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
www.WhitmanSettlement.com

You may also print out and complete this Claim Form, and submit it by U.S. mail to:

Whitman Settlement Administrator
P.O. Box 1668
Baton Rouge, LA 70821

The completed Claim Form can also be submitted by email to info@WhitmanSettlement.com.

The deadline to submit a Claim Form online or by email is **June 24, 2026**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than **June 24, 2026**.

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TOTAL DOCUMENTED OUT-OF-POCKET LOSSES:	
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If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

* If your request for documented losses is denied, you will receive Cash Payment B – Alternate Cash.

IV. CASH PAYMENT B – ALTERNATE CASH
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Check this box if you are claiming Cash Payment B, which is an alternative cash payment in the estimated amount of \$60.00. You *cannot* request to receive reimbursement for Cash Payment A - Documented Losses and Cash Payment B.

V. PAYMENT SELECTION

Please select one of the following payment options, which will be used should you be eligible to receive a Settlement payment: **Check one:**

Paypal – Enter your PayPal email address: _____

Venmo – Enter the mobile number associated with your Venmo account: ___ - ___ - ___

Zelle – Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ___ - ___ - ___ or Email Address: _____

Physical Check – Payment will be mailed to the address provided on this form.

VI. ATTESTATION & SIGNATURE
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I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my Claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my Claim is considered complete and valid.

Signature

Printed Name

Date