

*Avetisyan v. United Health Centers of the San Joaquin Valley*

Civil Action No. 22-CEG-285

(California Superior Court, Fresno County)

**NON-ECONOMIC INJURY FORM**

Eligible Settlement Class Members may submit a claim for Non-Economic Injury related to the Data Security Incident up to an aggregate total of \$500.00 per Settlement Class Member. **YOU DO NOT HAVE TO SHOW ANY FINANCIAL LOSS TO MAKE A CLAIM FOR A NON-ECONOMIC INJURY UNDER THIS SETTLEMENT.**

Additional information is contained in the Notice and the Settlement Agreement, or by calling 1-877-354-3821.

Settlement Class Members who wish to make a timely and properly supported Claim for reimbursement of Non-Economic Injury related to the Data Security Incident must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; and (e) a statement signed under penalty of perjury indicating that they are a member of the class.

Settlement Class Members must submit the form required below through the Settlement Website, or by mailing it to the following address:

Avetisyan v. United Health Centers of the  
San Joaquin Valley  
c/o A.B. Data, Ltd.  
P.O. BOX 173005  
Milwaukee, WI 53217

If you have any questions, call 1-877-354-3821 or email [info@UHCofSJVdatabreach.com](mailto:info@UHCofSJVdatabreach.com) for more information.

**Deadline:** All Claims must be submitted to the Settlement Administrator on or before **November 19, 2022.**

**CLAIMAINT INFORMATION**

Name (required):

\_\_\_\_\_

Mailing Address (Street, PO Box, Suite or Office Number) (required):

\_\_\_\_\_

City (required):

State (required):

Zip Code (required):

\_\_\_\_\_

**Additional Information**

Notice ID – Your Notice ID is located on the upper right-hand corner on the Settlement Notice mailed to you. You do not need a Notice ID to file a claim, however it helps verify individual Class Members in the validation of claim submissions. If you have a Notice ID, please check the box below. If you do not have a Notice ID, you may complete the rest of the required information on this claim form.

I have a Notice ID

Notice ID: \_\_\_\_\_

Last Four Digits of Social Security Number (required):

\_\_\_\_\_

Email Address (not required):

\_\_\_\_\_

\*A valid email address must be provided to receive digital payment. If the email address you include with your Claim Form changes or becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment

Telephone Number (not required)

\_\_\_\_\_

I declare under penalty of perjury that:

I provided my personal information to United Health Centers of the San Joaquin Valley

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Your claim will be submitted to the Settlement Administrator for review. If your Reimbursement Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be issued a payment using the email or street address you provide. This process takes time; please be patient.

**NON-ECONOMIC INJURY FORMS MUST BE POSTMARKED NO LATER THAN NOVEMBER 19, 2022, TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT [WWW.UHCOFSJV.DATABREACH.COM](http://WWW.UHCOFSJV.DATABREACH.COM) OR MAIL THIS CLAIM FORM AVETISYAN V. UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY, C/O A.B. DATA, LTD., P.O. BOX 173005, MILWAUKEE, WI 53217.**