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Must Be Received No
Later Than
May 22, 2020

Morrow v. Quest Diagnostics Inc.,
Case No. 2:17-cv-00948-CCC-JBC (D.N.J.)

For Office Use
Only

CLAIM FORM

Name: _____
FIRST MI LAST

Mailing Address: _____
CITY STATE ZIP

Telephone Number: (_____) _____ - _____

Email Address: _____ @ _____ . _____

We will use the information that you provide to communicate with you about your claim, which we will do primarily by email if you provide an email address. The information you provide will not be used for other purposes, including but not limited to marketing purposes. The information you provide will not be sold, nor will it be provided to others, except insofar as is necessary to efficiently process claims submitted in connection with this matter.

1. Did you receive notice about this Settlement informing you that your personal information was compromised as a result of the data security incident announced by Quest Diagnostics Incorporated (“Quest”) in December 2016 (the “Incident”)?

- Yes (Proceed to Question Two)
- No (Proceed to Question Three)
- Unsure (Proceed to Question Three)

2. Provide the Claim ID number provided with the Notice you received on the lines below and proceed to Question 4:

3 1 1 0 0 _____



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3. Provide the name, address, and e-mail address associated with your MyQuest by Care360 account and proceed to Question 4:

Name: _____

Address: _____

E-mail Address: _____

4. Do you have documents showing that you experienced an out-of-pocket loss as a result of the Incident?

Yes (Proceed to Question Five)

No (Proceed to Question Six)

5. Fill in the table below showing each type of loss resulting from the Incident for which you have documentation and proceed to Question Six.

Loss Type (select all that apply)	Date(s) of Loss	Amount of Loss	Description of supporting documentation (Identify what you are attaching and why)
<input type="checkbox"/> Costs and expenses spent addressing identity theft and fraud as a result of the Incident	____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____	\$ __, _____. ____ \$ __, _____. ____ \$ __, _____. ____	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; receipt or account statement reflecting fuel costs for driving to bank or filing police report.</i>
<input type="checkbox"/> Preventative costs including purchasing credit monitoring, placing security freezes on credit reports, or requesting credit reports for review	____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____	\$ __, _____. ____ \$ __, _____. ____ \$ __, _____. ____	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring services or to place a credit freeze.</i>
<input type="checkbox"/> Other (provide detailed description)			<i>Please provide detailed description.</i>



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6. Do you wish to submit a claim for the potential compromise of HIV test results pertaining to you in the Incident? **By selecting “Yes” in response to this question, you authorize Quest Diagnostics Incorporated to inform Heffler Claims Group, whether or not any HIV test results pertaining to you were compromised in the Incident. Heffler Claims Group is the company appointed by the court to administer this settlement.** Quest will not disclose to Heffler Claims Group whether the test results were positive or negative.

Yes (*Proceed to Attestation and Signature*)

No (*Proceed to Attestation and Signature*)

ATTESTATION AND SIGNATURE

I certify under penalty of perjury that the information I have provided in this Claim Form is true and correct and that I am the person whose information is provided in this Claim Form.

Name: _____
FIRST MI LAST

Signature: _____

Date: ___ / ___ / _____

If you have questions, please contact the Settlement Administrator at 1- 844-245-3767 or visit www.MedicalDataSettlement.com.



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