

Exhibit D

<Mailing Caption>

c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

Electronic Service Requested

LEGAL NOTICE

IF YOU ARE A MOUNT SINAI MYCHART
ACCOUNT HOLDER WHO LOGGED INTO
THEIR MYCHART ACCOUNTS THROUGH
HTTPS://MYCHART.MOUNTSINAI.ORG/
BETWEEN OCTOBER 27, 2020, AND
OCTOBER 27, 2023, YOU MAY BE ELIGIBLE
TO RECEIVE A CLAIM PAYMENT FROM A
CLASS ACTION SETTLEMENT

www.website.com

<<Barcode>>

Unique ID: <<Refnum>>

Postal Service: Please do not mark barcode

<<FirstName>> <<LastName>>

<<Company>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

NOTICE OF PROPOSED CLASS ACTION SETTLEMENT

A proposed Settlement has been reached in a class action lawsuit known as *Cooper, et al., v. Mount Sinai Health System, Inc.* Case No. **1:23-cv-09485-PAE** filed in the United States District Court for the Southern District of New York.

What is this Litigation about? The people who sued are called the Plaintiffs or Class Representatives and the company they sued, Mount Sinai Health System, Inc. is known as the Defendant in this case. The Litigation alleges that Plaintiff's personal health information was collected and shared with Facebook through Mount Sinai's implementation of the Facebook Pixel and Facebook's Conversions Application Programming Interface (API) on its Web Properties. Defendant denies any wrongdoing whatsoever.

Who is a Settlement Class Member? You are affected by the Settlement and potentially a Settlement Class Member if you are a Mount Sinai MyChart account holder who logged into their MyChart accounts through <https://mychart.mountsinai.org/> between October 27, 2020, and October 27, 2023.

What does the Settlement provide? Defendant agrees to deposit into a Settlement Fund, \$5,256,588 to pay for: (a) reasonable Claims Administration Costs, including the payment of any taxes on the Settlement Fund; (b) any Attorneys' Costs and Expenses and Attorneys' Fees Award approved by the Court; (c) any Service Award approved by the Court; (d) any benefits to Settlement Class Members; and (e) any *cypres* distribution approved by the Court. Settlement Class Members under the Settlement Agreement may submit a Settlement Claim to receive a Claim Payment. Each Claim Payment shall be equal to the *pro rata* share of the monies remaining in the Net Settlement Fund after the payment of any Attorneys' Fee Award and Service Award.

How to make a Settlement Claim? You must file a Claim Form by mail **postmarked by [DATE]**, and mailed to the Settlement Administrator's address below, or online at www.website.com by **[DATE]**, to receive a Claim Payment from the Settlement.

What are my other rights?

- **Do nothing:** If you do nothing, you will not receive compensation and remain in the Settlement. You give up your rights to sue Defendant or any other Related Entities related to the Litigation.
- **Exclude yourself:** You can get out of the Settlement and keep your right to sue Defendant related to the Litigation, but you will not receive a Claim Payment from the Settlement. You must submit a valid and timely request to opt-out to the Settlement Administrator by **[DATE]**.
- **Object:** You can stay in the Settlement but tell the Court why you think the Settlement or parts of it should not be approved. Your written objection must be submitted by **[DATE]**. You may also request to appear at the Final Approval Hearing. Detailed instructions on how to file a Claim Form, exclude yourself, object, or appear at the hearing can be found on the Long-Form Notice found on the Settlement Website available at www.website.com.

The Court will hold the Final Approval Hearing on **[DATE]** at **[TIME]** ET, to consider whether the proposed Settlement is fair, reasonable, and adequate, to consider Class Counsel's request for Attorneys' Costs and Expenses, Attorney's Fees Award not to exceed thirty-five percent (35%) of the Net Settlement Fund, plus reasonable expenses, and a Service Award of \$2,500 to the each of the Class Representatives, and to consider whether and if it should be approved. You may attend the hearing, but you don't have to.

More information: For more information, including a copy of the Settlement Agreement, Long-Form Notice, Claim Form and other documents, or to change or update your contact information, visit the Settlement Website at www.website.com, or call toll-free **(XXX) XXX-XXXX**. You may also contact the Settlement Administrator at **<Mailing Caption>**, c/o Kroll Settlement Administration LLC, P.O. Box **XXXX**, New York, NY **10150-XXXX**.

Need More Information? Visit www.website.com or call toll-free **(XXX) XXX-XXXX**.

Postage
Required

<Mailing Caption>

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P.O. Box XXXX

New York, NY 10150-XXXX

<<Barcode>>

Unique ID: <<Refnum>>

Address Update

If you have an address different from where this postcard was mailed to, please write your correct address and email below and return this portion to the address provided on the other side.

****THIS NOTICE IS NOT A CLAIM FORM****

DO NOT USE THIS POSTCARD TO FILE A CLAIM, AN EXCLUSION OR OBJECTION.

Name: _____
First Name M.I. Last Name

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ @ _____