

Exhibit C

Your claim must be submitted online or postmarked by: **MONTH DD, 2023**

MAGELLAN SETTLEMENT CLAIM FORM

Griffey et al. v. Magellan Health, Incorporated.
Case No. CV-20-01282-PHX-MTL
United States District Court for the District of Arizona

MAGELLAN-
A-1

USE THIS FORM **ONLY IF YOU ARE A CLAIMS-MADE SETTLEMENT CLASS MEMBER**

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as a Claims-Made Settlement Class whose personally identifiable information and/or protected health information may have been exposed to unauthorized third parties as a result of the Data Incident experienced by Magellan in 2020 (“Data Incident”). Your Social Security number was not involved in the Data Incident

The easiest way to submit a claim is online at www.XXXX.com, or you can complete and mail this Claim Form to the mailing address below.

Settlement Administrator
[Kroll mailing address](#)

To receive any of these benefits, you must submit the Claim Form below by <<DATE>>.

You may submit a claim for the following benefits:

- 1) **Expense Reimbursement:** You may be eligible for reimbursement for certain documented out-of-pocket expenses, not to exceed \$750 per Claims-Made Settlement Class Member, that were incurred as a result of the Data Incident. may include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after Data Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges. You must attest that the Monetary Losses are fairly traceable to the Data Incident and not incurred due to some other event or reason.
- 2) **Time Spent Dealing With the Data Incident:** You have the right to make a claim for up to three (3) hours of lost time, at \$20/hour, for time spent dealing with the effects of the Data Incident. This amount is subject to the \$750 per member cap.
- 3) **Identity Theft Protection:** You may submit a claim for 12-months of identity-theft protection benefits.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

Please note: the Settlement Administrator may contact you to request additional documentation to process your claim. For more information and complete instructions, please visit [\[Settlement website\]](#).

Questions? Go to [URL](#) or call 1-[XXX-XXX-XXXX](#).

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Settlement benefits will be distributed only after the Settlement is approved by the Court.

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Check this box to certify that you were notified of the Data Incident and/or Settlement.

Enter the Notice ID Number provided on your Postcard Notice. Your Notice ID is located on the front of the postcard notice that was sent to Settlement Class Members via U.S. Mail. If you lost or do not know your Unique ID, you may contact the Settlement Administrator at **[insert email address]**

Notice ID Number

III. IDENTITY THEFT PROTECTION

Check this box if you elect to receive twelve (12) months of free identity-theft -protection service.

IV. REIMBURSEMENT FOR LOST TIME

All Claims-Made Settlement Class Members who have spent time dealing with the Data Incident may claim up to three (3) hours for lost time at a rate of \$20.00 per hour. Any payment for lost time is included in the \$750 cap per Claims-Made Settlement Class Member (no documentation is required).

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Hours claimed (up to 3 hours – check one box) 1 Hour 2 Hours 3 Hours

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident and not incurred due to some other event or reason.

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident. Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here:

V. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

All Claims-Made Settlement Class Members may submit a claim for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$750 per Claims-Made Settlement Class Member, that were incurred as a result of the Data Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Out-of-pocket expenses incurred as a result of the Data Incident, including bank fees, long distance	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Questions? Go to **URL** or call 1-**XXX-XXX-XXXX**.

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
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phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.

Examples of Supporting Third Party Documentation: Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses. Please note that these examples of reimbursable documented out-of-pocket losses are not meant to be exhaustive, but exemplary. You may make claims for any documented out-of-pocket losses that you believe are reasonably related and fairly traceable to the Data Incident and not incurred due to some other event or reason.

Fees for credit reports, credit monitoring, or other identity theft insurance products purchased after April 2020 that you attest under penalty of perjury were caused or otherwise incurred as a result of the Data Incident.

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(mm/dd/yy)

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Examples of Supporting Documentation: Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.

Reimbursement for proven monetary loss, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the Data Incident.

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Examples of Supporting Documentation: Invoices or statements reflecting payments made for professional fees/services.

YOU MUST SUBMIT DOCUMENTATION OF YOUR OUT-OF-POCKET EXPENSES

I attest and affirm to the best of my knowledge and belief that any claimed expenses were incurred as a result of the Data Incident and not incurred due to some other event or reason.

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VII. PAYMENT SELECTION

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

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: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided above.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

Printed Name

Date