

In re: Workit Health, Inc.  
P.O. Box 591  
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted  
On or Before December 23, 2024**

## ***In re: Workit Health, Inc.***

U.S. District Court for the Eastern District of Michigan (Case No. 2:23-cv-11691)

### **CLAIM FORM**

**SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT [WWW.WHPRIVACYSETTLEMENT.COM](http://WWW.WHPRIVACYSETTLEMENT.COM)**

### **GENERAL CLAIM FORM INFORMATION**

You may complete and submit this Claim Form online or by mail if you are a Settlement Class Member. The Settlement Class consists of persons in the United States who used Workit Health, Inc.'s Website or Application (both web-based and mobile) to search for medical information, services or physicians, fill out forms, schedule appointments, sign-up for membership, register for programs or support groups, or pay for medical services between June 1, 2017 and November 23, 2022 (the "Settlement Class").

If you wish to submit a Claim for a settlement cash payment, please provide the information requested below. You must submit your Claim via the Settlement Website by the Claims Deadline of **December 23, 2024**, or complete and mail this Claim Form to the Settlement Administrator, postmarked by **December 23, 2024**.

Settlement Class Members who submit a timely and valid Claim Form will be eligible to receive a pro rata cash payment from the Net Settlement Fund. Each Settlement Class Member will receive, at most, one (1) payment.

The Notice includes only a summary of your legal rights and options. Please visit the official Settlement Website, [www.WHPrivacySettlement.com](http://www.WHPrivacySettlement.com), or call 1-844-795-3955 for more information.

### **TO SUBMIT A CLAIM FOR PAYMENT BY MAIL:**

1. Complete all sections of this Claim Form
2. Sign the Claim Form.
3. Submit the completed Claim Form to the Settlement Administrator so that it is postmarked by **December 23, 2024**.

This Claim Form should only be used if a Claim is being mailed and is not being filed online. You may go to [www.WHPrivacySettlement.com](http://www.WHPrivacySettlement.com) to submit your Claim online, or you may submit this Claim Form by mail to the address at the top of this form.

**Payment will be mailed in the form of a check to the address you provide below. If you would like to receive a payment electronically (e.g., via Venmo, PayPal, or ACH), you must submit a Claim Form online at [www.WHPrivacySettlement.com](http://www.WHPrivacySettlement.com).**

### **1. Settlement Class Member Information**

*First Name _____		Middle Initial _____
*Last Name _____		
*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number) _____		
*City _____	*State _____	*Zip Code _____
*Current Email Address _____		
Current Phone Number (Optional) _____	*Settlement Claim ID (Required) _____	

**\*\*Settlement Claim ID:** Your Settlement Claim ID can be found on the Email Notice or Postcard Notice you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator at 1-844-795-3955.

## **2. Certification**

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed 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.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

**Please keep a copy of your completed Claim Form for your records.**

Mail your completed Claim Form to the Settlement Administrator:

In re: Workit Health, Inc.

P.O. Box 591

Baton Rouge, LA 70821

or submit your Claim online at

[www.WHPrivacySettlement.com](http://www.WHPrivacySettlement.com).

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your Claim. You can update your contact information on the Contact page at [www.WHPrivacySettlement.com](http://www.WHPrivacySettlement.com).