

CLAIM FORM

Ahlers, et al. v. Allina Health System
United States District Court for the District of Minnesota
Case No. 0:24-cv-03674-SRN-ECW

Save Time and Submit Your Claim Form Online at www.AllinaPixelSettlement.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 those individuals who were portal users, non-portal bill pay users, and non-portal scheduling users between SEPTEMBER 16, 2018, through MAY 11, 2026, (“Group 1 Settlement Class Members”) and individuals who were non-portal, non-bill pay, and non-scheduling patients between SEPTEMBER 16, 2018, through MAY 11, 2026, (“Group 2 Settlement Class Members”). Your designation as a Group 1 or Group 2 Class Member does not affect the manner in which you submit a Claim Form.

If you wish to submit a Claim Form for a pro rata payment, please provide the information requested below. Claim Forms must be filed online or returned to the Settlement Administrator’s office by mail on or before SEPTEMBER 8, 2026. Please visit the official Settlement Website, www.AllinaPixelSettlement.com, for more information.

TO SUBMIT A CLAIM FORM FOR PAYMENT BY MAIL

If you submit a Valid Claim Form by mail and the Settlement receives Final Approval, your Settlement payment will be mailed in the form of a check to the address provided on this Claim Form. It is your responsibility to notify the Settlement Administrator if your address changes between the time you mail your Claim Form and the time Settlement Funds are distributed. **If you prefer to receive an electronic payment (e.g., Venmo, PayPal, Zelle, or ACH) you must submit your Claim Form online at www.AllinaPixelSettlement.com.**

1. Complete all sections of this Claim Form.
2. Sign the Claim Form.
3. Place the completed and signed Claim Form in an envelope, add postage, and send it to the Settlement Administrator no later than SEPTEMBER 8, 2026. This Claim Form should only be used to submit a claim if you are NOT submitting an online Claim Form. Mail your completed Claim Form to:

Allina Pixel Settlement
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164

TO SUBMIT A CLAIM FORM ONLINE

1. Navigate to the Settlement Website at www.AllinaPixelSettlement.com.
2. Select “Submit a Claim” from the left side menu.
3. Enter the Notice ID included in the Notice you received and complete the verification.
4. Verify or update your address.
5. Select the method of payment you prefer and follow the prompts to authorize your e-pay account.
6. Agree to the Claim Form Certification statement.
7. Submit your Claim Form.

If you need additional help locating your Notice ID, please contact the Settlement Administrator at 1-800-956-7192. For security reasons, your name cannot be changed on the online Claim Form. If your name has been legally

changed, please send proof of the name change, such as a marriage certificate or divorce decree, to the Settlement Administrator's office using the address above or to the email address AllinaPixelSettlement@atticusadmin.com.

I. SETTLEMENT CLASS MEMBER INFORMATION

*First Name	MI	*Last Name
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*Mailing Address (Street Address including apartment number, suite, floor, or other pertinent detail, or PO Box)

*City	*State	*Zip Code
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* Email Address

(_____) _____ - _____

*Telephone Number with area code	*Notice ID – <i>this is the 8-digit alpha-numeric identification code included in the Notice sent by mail or email.</i>
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II. CERTIFICATION OF CLAIM

I declare under penalty of perjury under the laws of the United States and the state where I reside that this Claim is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I further attest that I accessed Allina Health System's websites or webpages as a portal user, non-portal bill pay user, or non-portal scheduling user between SEPTEMBER 16, 2018, and MAY 11, 2026, or as a non-portal, non-bill pay, or non-scheduling patient between SEPTEMBER 16, 2018, and MAY 11, 2026.

I understand that this information is subject to verification, that I may be asked by the Settlement Administrator to provide supplemental information to validate my claim, and that by completing and submitting this form by mail, my payment, should I be deemed eligible to receive one, will be a check sent to me by mail.

*Signature	_____/_____/_____
	*Signature Date

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

Mail your completed Claim Form to the Settlement Administrator by SEPTEMBER 8, 2026, at:

**Allina Pixel Settlement
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164**