MARY BLACK CLASS ACTION CLAIM FORM

Settlement Class Member: *DOWNLOADED CLAIM FORM*; PROVIDE INFORMATION BELOW.
Class Member Address: *DOWNLOADED CLAIM FORM*; PROVIDE INFORMATION BELOW.

Submit this Claim Form if you are the Settlement Class Member listed above or their representative. In order to qualify to receive a Settlement payment, this Claim Form must be completed, signed, dated, and returned to the Claims Administrator by mail or email NO LATER THAN AUGUST 31, 2026.

SETTLEMENT CLASS MEMBER'S NAME: (FIRST) (MI) (LAST)			IF FILING ON BEHALF OF A CLASS MEMBER, YOUR NAME: (FIRST) (MI) (LAST)
LIST ALL OTHER NAMES, INCLUDING MAIDEN NAME, USED BY THE CLAIMANT DURING THE PAST NINE YEARS:			
STREET ADDRESS			APT. NO.
CITY	COUNTY	STATE	ZIP CODE
DAYTIME PHONE NUMBER ( ) -	HOME PHONE NUMBER ( ) -		SOCIAL SECURITY NUMBER (LAST 4-DIGITS): XXX-XX-

CLASS MEMBER LOSS

The Claims Administrator has been informed that your Class Member Loss is $ - UNKNOWN. This is the amount determined to be what was paid by you, or on your behalf, to Mary Black Health System or Gaffney H.M.A., LLC for medical services rendered to you from January 1, 2014, which could have been billed to the entity providing health insurance coverage for you.

☐ Check here if you **AGREE** with the amount listed above. You must complete page 2 and return this Claim Form to the Claims Administrator by **August 31, 2026**.

☐ Check here if you **DISAGREE** with the amount listed above. See instructions below.

If you disagree with the amount listed above or the Class Member Loss is stated as Unknown, then you should (1) write the amount you think is the correct loss in the space provided below and (2) return this form along with supporting document(s) to the Claims Administrator.

>> $_____ is the correct amount that was paid by me or on my behalf and not by my health insurance provider for medical treatment I received at the hospitals operated by Mary Black Health System, LLC (Mary Black Health System - Spartanburg) or Gaffney H.M.A., LLC (Mary Black Health System - Gaffney) from January 1, 2014. Attached are all documents and information I have which support this claim

If no box is checked, the Claim Form will be treated as if you Agree with the amount listed above.

(SIGNATURE REQUIRED ON PAGE 2) →

SIGNATURE

Do not sign this Claim Form until you have read and understand the Instructions and the Notice. By signing this Form are affirming the following:

1. You are the Settlement Class Member or have authority to sign on behalf of the Settlement Class Member;

2. You agree that you will submit any and all disputes arising over your claim to the jurisdiction of the Court of Common Pleas, Spartanburg County, South Carolina;

3. The Class Members Loss as state herein or by you is true and correct to the best of your knowledge;

I declare under the penalty of perjury that the information provided in this submission with accompanying documentation is true and correct to the best of my knowledge and belief.

Sign your name here: _____

Type or print your name here: _____

Date: _____

Please check as appropriate:

_____I am the Settlement Class Member.

_____I represent the Settlement Class Member as: _____
(State Title or Capacity, e.g., Executor, Lawyer, Officer, Director)

_____ _____
Address of Representative Phone

COMPLETED CLAIM FORMS MUST BE SUBMITTED NO LATER THAN AUGUST 31, 2026.
Submit by Email to: claims@MaryBlackClassAction.com OR
Mail to: Mary Black Class Settlement, c/o The Notice Company, P.O. Box 455, Hingham, MA 02043

Website