

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
(FT LAUDERDALE DIVISION)

ELIZABETH E. BELIN, *et al.*,

Plaintiffs,

v.

HEALTH INSURANCE INNOVATIONS, INC.,  
*et al.*,

Defendants.

CASE NO.

0:19-cv-61430-SINGHAL/Valle

**CLAIM FORM**

**I. GENERAL INSTRUCTIONS**

1. All capitalized terms not otherwise defined herein shall have the same meanings ascribed to them in the Settlement Agreement, which can be downloaded at [www.hiiclassaction.com](http://www.hiiclassaction.com).

2. To recover as a member of the Settlement Class based on your claims in the above-captioned class action lawsuit (the “Action”), and/or to recover as a member of the Medical Expense Subclass and/or Tax Penalty Subclass in this Action, you must complete and sign this Claim Form. **If you fail to submit a properly completed Claim Form, then you will be precluded from any recovery in connection with the proposed Settlement. And if you fail to submit a properly completed Claim Form and fail to request exclusion from the Settlement as set forth in the accompanying “Important Notice About a Proposed Class Action Settlement That Affects You” (the “Class Notice”), then you will also have released your claims against Defendants in this Action.**

3. YOU MUST MAIL OR SUBMIT ONLINE AT [WWW.HIICLASSACTION.COM](http://WWW.HIICLASSACTION.COM) YOUR COMPLETED AND SIGNED CLAIM FORM **NO LATER THAN FEBRUARY 23, 2022**, TO THE SETTLEMENT ADMINISTRATOR ADDRESSED AS FOLLOWS:

HII Class Action Settlement Administrator  
c/o JND Legal Administration  
P.O. Box 91235  
Seattle, WA 98111

**II. THE SETTLEMENT CLASS**

4. The records of Defendants Health Insurance Innovations, Inc. and Health Plan Intermediaries Holdings, LLC (the “HII Defendants”) indicate that you are a member of the Settlement Class, which is defined as “All individuals who purchased the HII Defendants’ limited benefit indemnity plans and/or ancillary products such as medical discount plans through Simple Health or Nationwide Health within the applicable statute(s) of limitation, and paid fee(s) and/or a premium(s) that were not completely recovered through a refund or chargeback.”

5. If you complete this Claim Form properly and you timely submit it to the Settlement Administrator, then you will receive a cash settlement tied to the fees and premiums you paid for the HII Defendants’ limited benefit indemnity plans and/or ancillary products such as medical discount plans. The amount you will receive cannot be determined until all Claim Forms are received.

### **III. THE MEDICAL EXPENSE SUBCLASS**

6. In addition to being a member of the main Settlement Class, you may also be a member of the Medical Expense Subclass, which is defined as “all individuals within the Simple Health Class or Nationwide Health Class who incurred uncovered medical expense(s).”

7. You incurred “Uncovered Medical Expense(s)” if you (i) incurred medical expenses (ii) from June 7, 2015 to September 27, 2021, (iii) for which you made a claim for reimbursement that (iv) was rejected in whole or in part.

8. If you complete the “Medical Expense Subclass” portion of this Claim Form properly and you timely submit it to the Settlement Administrator, then you will receive an enhanced cash settlement of 1.25 times (25%) the fees and premiums you paid for the HII Defendants’ limited benefit indemnity plans and/or ancillary products such as medical discount plans. Again, the amount you will receive cannot be determined until all Claim Forms are received.

9. If you believe you are NOT a member of the Medical Expense Subclass, then do not complete the “Medical Expense Subclass” portion of this Claim Form. (You will still be eligible to receive a cash settlement as part of the main Settlement Class, as described in Section II above.)

### **IV. THE TAX PENALTY SUBCLASS**

10. In addition to being a member of the main Settlement Class and/or the Medical Expense Subclass, you may also be a member of the Tax Penalty Subclass, which is defined as “all Settlement Class Members who incurred a penalty under the Affordable Care Act’s individual mandate provisions.”

11. You incurred a “Tax Penalty” if you (i) paid a penalty to the Internal Revenue Service (ii) from June 7, 2015 to September 27, 2021, (iii) because you did not have health insurance that was compliant with the Affordable Care Act.

12. If you complete the “Tax Penalty Subclass” portion of this Claim Form properly and you timely submit it to the Settlement Administrator, then you will receive an enhanced cash settlement of 1.035 times (3.5%) the fees and premiums you paid for the HII Defendants’ limited benefit indemnity plans and/or ancillary products such as medical discount plans. Again, the amount you will receive cannot be determined until all Claim Forms are received.

13. If you believe you are NOT a member of the Tax Penalty Subclass, then do not complete the “Tax Penalty Subclass” portion of this Claim Form. (You will still be eligible to receive a cash settlement as part of the main Settlement Class, as described in Section II above.)

14. If you incurred Uncovered Medical Expenses and Tax Penalt(ies), then it is perfectly okay to participate in both the Medical Expense Subclass and the Tax Penalty Subclass.

### **V. ADDITIONAL INFORMATION AND INSTRUCTIONS**

15. Executors, administrators, guardians, conservators and trustees of any Claimant must complete and sign this Claim Form on behalf of the Claimant they represent, and proof of their authority to act for such Claimant must accompany this Claim Form and their titles or capacities must be stated.

16. If you wish to file your Proof of Claim electronically, go to [www.hiiclassaction.com](http://www.hiiclassaction.com). No electronic files will be considered to have been properly submitted unless the Settlement Administrator sends you a written acknowledgment of receipt and acceptance of electronically submitted data.

**This Proof of Claim Must Be Postmarked (if Mailed) or Received  
(if Submitted Online) No Later Than: February 23, 2022**

Please Type or Print (in Blue or Black Ink)

**PART 1: CLAIMANT IDENTIFICATION**

Last Name of Claimant	MI	First Name
Name of executor, administrator, guardian, conservator and/or trustee (if applicable)	Title	Statement of authority to act for Claimant
Telephone Number (Primary Daytime)	Telephone Number (Alternate)	
Email Address	Date of Birth	
Address 1		
Address 2		
City	State	Zip Code
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
Name of Products Purchased and Policy numbers (if known)		
Date(s) of Purchase (if known)	Date(s) of Cancellation (if known)	

**PART 2: MEDICAL EXPENSE SUBCLASS CLAIM**

Please read and sign below if the following is true and correct.

I swear and affirm under penalty of perjury that all of the following is true and correct:

1. I incurred one or more medical expenses from June 7, 2015 to September 27, 2021;
2. I made a claim for reimbursement of those medical expenses; and
3. My claim was rejected in whole or in part.

Sign Name Here: \_\_\_\_\_

Print Name Here: \_\_\_\_\_

**PART 3: TAX PENALTY SUBCLASS CLAIM**

Please read and sign below if the following is true and correct.

I swear and affirm under penalty of perjury that all of the following is true and correct:

1. I paid one or more penalties to the Internal Revenue Service from June 7, 2015 to September 27, 2021,
2. Because I did not have Affordable Care Act-compliant health insurance.

Sign Name Here: \_\_\_\_\_

Print Name Here: \_\_\_\_\_

**PART 4: FINAL SIGNATURE AND AFFIRMATION**

I declare under penalty of perjury under the laws of the United States of America that all the foregoing information supplied by me in this Claim Form is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ (Month/Year)

in \_\_\_\_\_.  
(City), (State/Country)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(If not you personally, state the capacity of person(s) signing, e.g., Beneficial Holder, Executor or Administrator)

**ACCURATE CLAIMS PROCESSING TAKES TIME.  
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please fill out and sign Parts 1 and 4 above.
2. Please fill out and sign Part 2 above if you are a member of the Medical Expense Subclass.
3. Please fill out and sign Part 3 above if you are a member of the Tax Penalty Subclass.
4. If submitting via mail, keep a copy of your Claim Form and all supporting documentation for your records.
5. If you desire an acknowledgment that the Settlement Administrator received your Claim Form, please send it by Certified U.S. Mail, Return Receipt Requested.
6. If you submit your Claim Form electronically, your submission is not deemed to have been properly submitted unless the Settlement Administrator sends you a written acknowledgment of receipt and acceptance of the electronically submitted Claim Form.

If you move, please send your new address to the Settlement Administrator at the address below.

**AGAIN, THIS PROOF OF CLAIM MUST BE SUBMITTED OR MAILED NO LATER THAN  
FEBRUARY 23, 2022, ADDRESSED AS FOLLOWS:**

HII Class Action Settlement Administrator  
c/o JND Legal Administration  
P.O. Box 91235  
Seattle, WA 98111

To submit you claim online visit [www.hiiclassaction.com](http://www.hiiclassaction.com).