

FORMER PARTICIPANT CLAIM FORM

This Former Participant Claim Form is **ONLY** for Class Members who are **Former Participants**, or the beneficiaries, alternate payees or attorneys-in-fact of Former Participants (all of whom will be treated as Former Participants). A Former Participant is a Class Member who no longer had an Active Account as of September 30, 2015.

This form must be completed, signed and mailed with a postmark on or before **September 12, 2016** to the Settlement Administrator in order for you to receive your share of the Settlement proceeds. **Former Participants who do not complete and timely return this form will not receive any Settlement payment.** Please review the instructions below carefully. If you have questions regarding this Claim Form, you may contact the Settlement Administrator as indicated below.

PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT CLAIM FORM

1. Complete this claim form and keep a copy of all pages of your Former Participant Claim Form, including page 1 with the address label, for your records.
2. **Mail your completed Former Participant Claim Form postmarked on or before September 12, 2016 to the Settlement Administrator at following address:**

**Novant 401(k) Settlement Administrator
P.O. Box 2002
Chanhassen, MN 55317-2002**

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Claim Form.

3. Other Reminders:
 - You must provide date of birth, signature and a completed Substitute IRS Form W-9, which is attached as Part 5 to this form.
 - If you desire to do a rollover and you do not complete in full the rollover information in Part 4 Payment Election of the Settlement Distribution Form, payment will be made to the participant.
 - If you change your address after sending in your Former Participant Claim Form, please send your new address to the Settlement Administrator.
 - **Timing Of Payments To Eligible Settlement Class Members.** Please note that Settlement payments are subject to the Settlement Agreement's receiving final Court approval. If the Settlement Agreement is approved and if you are entitled to a Settlement payment under the terms of the Settlement, such payments will be distributed no earlier than late-2016 due to the need to process and verify information for all Settlement Class Members who are entitled to a payment and to compute the amount of each payment. Payments may be further delayed if any appeals are filed.
4. **Questions?** If you have any questions about this Former Participant Claim Form, please call the Settlement Administrator at (855) 720-1156. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax or other advice concerning the Settlement. You therefore may want to consult with your financial or tax advisor. Information about the status of the approval of the Settlement, the Settlement administration and claim processing is available on the lawsuit website, www.Novant401kSettlement.com.

You are eligible to receive a payment from a class action settlement. The court has preliminarily approved the class settlement of *Karolyn Kruger M.D., et. al. v. Novant Health, Inc., et al.*, Case No. 14-cv-208. That settlement provides allocation of monies to the individual accounts of Settlement Class Members who had plan accounts with a positive balance ("Active Account") in the Plans as of September 30, 2015 ("Current Participants"). Settlement Class Members who are entitled to a distribution but who no longer had Active Accounts as of September 30, 2015 ("Former Participants") will receive their allocation in the form of a check or rollover if and only if they mail a valid Former Participant Claim Form postmarked on or before **September 12, 2016** to the Settlement Administrator. For more information about the settlement, please see www.Novant401kSettlement.com, or call (855) 720-1156.

Because you are a former participant (or beneficiary of a former participant) in the Plans, you must decide whether you want your payment (1) sent payable to you directly or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To make that choice, please complete and mail this Former Participant Claim Form postmarked on or before **September 12, 2016** to the Settlement Administrator. If you do not indicate a payment election, your payment will be sent payable to you directly.

PART 2: PARTICIPANT INFORMATION

First Name	Middle	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address			
<input type="text"/>			
City		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Home Phone	Work Phone or Cell Phone		
<input type="text"/>	<input type="text"/>		
Participant's Social Security Number	Participant's Date of Birth		
<input type="text"/>	<input type="text"/>		
Email Address	M M	D D	Y Y Y Y
<input type="text"/>			

Check here if you were a Former Participant, but did not receive this Claim Form in the mail. This may be because you were a participant in the plans only for a brief period.

PART 3: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)

Check here if you are the **surviving spouse or other beneficiary** for the Former Participant and the Former Participant is deceased. **Documentation must be provided showing current authority of the representative to file on behalf of the deceased.** Please complete the information below and then continue on to Parts 4 and 5 on the next page.

Check here if you are an **alternate payee under a qualified domestic relations order (QDRO), or attorney-in-fact** for the Former Participant. The Settlement Administrator may contact you with further instructions. Please complete the information below and then continue on to Parts 4 and 5 on the next page.

Your First Name	Middle	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Your Social Security Number or Tax ID Number	Your Date of Birth		
<input type="text"/>	<input type="text"/>		
Your Mailing Address	M M	D D	Y Y Y Y
<input type="text"/>			
City		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

PART 4: PAYMENT ELECTION

Payment to Self – A check subject to mandatory federal and applicable state withholding tax will be mailed to your address on the previous page.

Direct Rollover to an Eligible Plan – Check only one box below and complete Rollover Information Section Below:

Government 457(b)

401(a)/401(k)

403(b)

Direct Rollover to a Traditional IRA

Direct Rollover to a Roth IRA (subject to ordinary income tax)

Rollover Information:

Company or Trustee's Name (to whom the check should be made payable)

[Grid for Company or Trustee's Name]

Company or Trustee's Mailing Address 1

[Grid for Company or Trustee's Mailing Address 1]

Company or Trustee's Mailing Address 2

[Grid for Company or Trustee's Mailing Address 2]

Company or Trustee's City

State

Zip Code

[Grid for Company or Trustee's City]

[Grid for State]

[Grid for Zip Code]

Account Number

Company or Trustee's Phone Number

[Grid for Account Number]

[Grid for Phone Number Area 1]

[Grid for Phone Number Area 2]

[Grid for Phone Number Area 3]

PART 5: SIGNATURE, CONSENT, AND SUBSTITUTE IRS FORM W-9

UNDER PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORMER PARTICIPANT CLAIM FORM IS TRUE, CORRECT AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT CLAIM FORM.

1. The Social Security number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. Person (including a U.S. resident alien).

M M D D Y Y Y Y
[Grid for Date Signed]

Participant Signature

Date Signed (Required)

Note: if you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

QUESTIONS? VISIT: WWW.NOVANT401KSETTLEMENT.COM, OR CALL (855) 720-1156