



*GoHealth Securities Litigation*

**ELECTRONIC CLAIM FILING GUIDELINES**



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## Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Proofs of Claim and Release on behalf of themselves and/or others, as well as individuals or entities that are filing Proofs of Claim and Release with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

## Electronic Filing Requirements

### Complete and Sign a Proof of Claim and Release:

- One executed Proof of Claim and Release should be completed per submission. This Proof of Claim and Release serves as a master Proof of Claim and Release for one or all of the accounts included on your file. The Proof of Claim and Release is attached hereto as Appendix B.
- Separate Claims should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim should be submitted on behalf of one legal entity including all transactions made by that entity, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim).
- Complete the first page of the Proof of Claim and Release. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter "Various Accounts" for the account name/number.
- Complete the signature page on the Proof of Claim and Release. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

### Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release. The cover letter must include the total number of accounts; total number of transactions; total number of shares purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.

### Prepare a data file:



- An Excel spreadsheet or other electronic file containing account information and transactional data **MUST** be prepared in accordance with A.B. Data, Ltd.'s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from [www.GoHealthSecuritiesLitigation.com](http://www.GoHealthSecuritiesLitigation.com).
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at [efiling@abdata.com](mailto:efiling@abdata.com) or you may call 877-354-3791 to speak to an Electronic Claims Filing Specialist.

**Mail your executed master Proof of Claim and Release with a cover letter and media format to:**

GOHEALTH SECURITIES LITIGATION  
ATTN: ELECTRONIC CLAIMS DEPARTMENT  
C/O A.B. DATA, LTD.  
PO BOX 173061  
MILWAUKEE, WI 53217

Or:

GOHEALTH SECURITIES LITIGATION  
ATTN: ELECTRONIC CLAIMS DEPARTMENT  
C/O A.B. DATA, LTD.  
3410 WEST HOPKINS STREET  
MILWAUKEE, WI 53216

### Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.

### How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You **MUST** use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:

**If shares were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:**

- **SHARES RECEIVED INTO ACCOUNT:** You must account for any received shares by providing the opening position or original purchase or acquisition of these shares from the prior account.
- **SHARES DELIVERED OUT OF ACCOUNT:** You must account for any delivered shares by providing the sale and/or closing position from the subsequent account.



- **NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE:** You must provide the free receipt and/or free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

**If shares were transferred between accounts on your file, you must follow these instructions:**

- **DO NOT** claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the shares most recently should be the account claiming the eligible purchase or acquisition. These shares should already be accounted for in the sales and/or closing position of the most recent account.
- If shares were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales in a single claim. You must also include all opening and closing positions on the claim for that entity.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

### Claim Balancing

All securities for each Claim must balance. This means all purchases / acquisitions (including free receipts) from the July 14, 2020 IPO through and including January 10, 2021, **MUST EQUAL** the total sales (including free deliveries) from July 14, 2020 through and including January 10, 2021 plus the closing position. **(P+FR=S+FD+C)**.

PLEASE NOTE: An additional holding position is being requested as transaction “H” for the number of shares of GoHealth Class A common stock held at the close of trading on September 21, 2020. This position will not be factored into the balancing equation.

Negative values may only be given for short opening or closing positions. All other transactions must be positive values.

## Appendix A

### Case Specific Information

CLASS DEFINITION:	All purchasers of GoHealth Class A common stock between July 14, 2020 and January 10, 2021, inclusive.
CLAIM FILING DEADLINE:	June 12, 2024

**The following is a list of eligible Securities:**

SECURITY	TICKER	CUSIP	ISIN
GoHealth Inc Class A Common Stock	GOCO	38046W204	US38046W2044

**PLEASE NOTE:** During the class period, GoHealth, Inc. Class A Common stock traded under CUSIP 38046W105 and ISIN US38046W1053.



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**Common Stock transactions for each account should include:**

<b>Transaction Type</b>	<b>Definition</b>	<b>Valid Dates</b>
<b>P</b>	Purchases/acquisitions during the Class Period.	July 14, 2020, IPO through January 10, 2021, inclusive
<b>FR</b>	Transfer into account during the Class Period.	July 14, 2020, IPO through January 10, 2021, inclusive
<b>S</b>	Sales during the Class Period.	July 14, 2020, IPO through January 10, 2021, inclusive
<b>FD</b>	Transfer out of account during the Class Period.	July 14, 2020, IPO through January 10, 2021, inclusive
<b>H</b>	Total shares held at close of trading	September 21, 2020
<b>C</b>	Total shares owned at close of trading at end of Class Period.	January 10, 2021

**\*\*\*Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



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## Appendix B



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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re GOHEALTH, INC. SECURITIES  
LITIGATION

) Case No. 1:20-cv-05593

)

) CLASS ACTION

)

This Document Relates To:

) Judge Jeremy C. Daniel

) Magistrate Judge Gabriel A. Fuentes

ALL ACTIONS.

)

)

**PROOF OF CLAIM AND RELEASE**

**I. GENERAL INSTRUCTIONS**

1. To recover as a Member of the Class based on your claims in the action entitled *In re GoHealth, Inc. Securities Litigation*, No. 1:20-cv-05593 (the “Litigation”), you must complete and, on page 7 hereof, sign this Proof of Claim and Release form (“Proof of Claim” or “Claim Form”).<sup>1</sup> If you fail to file a properly addressed (as set forth in paragraph 3 below) Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Litigation.

2. Submission of this Proof of Claim, however, does not ensure that you will share in the proceeds of the Settlement of the Litigation.

3. YOU MUST MAIL OR SUBMIT ONLINE YOUR COMPLETED AND SIGNED PROOF OF CLAIM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, ON OR BEFORE JUNE 12, 2024, ADDRESSED AS FOLLOWS:

*GoHealth Securities Litigation*

Claims Administrator

c/o A.B. Data, Ltd.

P.O. Box 173061

Milwaukee, WI 53217

Online Submissions: [www.GoHealthSecuritiesLitigation.com](http://www.GoHealthSecuritiesLitigation.com)

If you are NOT a Member of the Class, as defined in the Notice of Pendency and Proposed Settlement of Class Action (“Notice”), or if you have submitted a request for exclusion, DO NOT submit a Proof of Claim.

4. If you are a Member of the Class, you are bound by the terms of any judgment entered in the Litigation, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.

5. It is important that you completely read and understand the Notice that accompanied this Proof of Claim, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Proof of Claim. By signing and submitting this Proof of Claim, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described and provided herein.

6. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.

<sup>1</sup> This Proof of Claim incorporates by reference the definitions in the Stipulation of Settlement dated February 7, 2024 (“Stipulation”), which can be obtained at [www.GoHealthSecuritiesLitigation.com](http://www.GoHealthSecuritiesLitigation.com).

## II. CLAIMANT IDENTIFICATION

1. If you purchased or acquired GoHealth Class A common stock and held the certificate(s) in your name, you are the beneficial owner as well as the record holder. If, however, the certificate(s) were registered in the name of a third party, such as a brokerage firm or other nominee, you are the beneficial owner, and the third party is the record holder.

2. You are a Class Member if you purchased or acquired GoHealth Class A common stock between July 14, 2020, and January 10, 2021, inclusive (the “Class Period”). Excluded from the Class are: Defendants, the current and former officers and directors and affiliates of Defendants from July 14, 2020, through present, members of the immediate families and the legal representatives, heirs, successors, or assigns of any such excluded Person, and any entity in which Defendants have or had a controlling interest, provided, however, that any “Investment Vehicle,” as defined in the Stipulation, shall not be excluded from the Class. Also excluded from the Class are those Persons who timely and validly request exclusion from the Class pursuant to the Notice.

3. Use Part I of this form entitled “Claimant Identification” to identify each holder of record (“nominee”), if different from the beneficial owner of such GoHealth Class A common stock that forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR A PERSON AUTHORIZED TO ACT ON BEHALF OF SUCH OWNER(S), OF SUCH GOHEALTH CLASS A COMMON STOCK UPON WHICH THIS CLAIM IS BASED.** Separate Proofs of Claim should be submitted for each separate legal entity (for example, a claim by joint owners should not include the transactions of just one of the joint owners, and an individual should not submit one claim that combines his or her IRA transactions with transactions made solely in the individual’s name). Conversely, a combined Proof of Claim should be submitted on behalf of each legal entity (including an individual) that includes all transactions made by the entity, no matter how many separate accounts that entity has (for example, a corporation/individual with multiple brokerage accounts should include all transactions made in GoHealth Class A common stock during the Class Period on one Proof of Claim, no matter in how many accounts the transactions were made).

4. All joint owners (or a Person authorized to act on the owner’s behalf) must sign this Claim Form. Executors, administrators, guardians, conservators, trustees, or others authorized to act on behalf of a beneficial owner, must complete and sign this Claim Form on behalf of Persons represented by them and their authority must accompany this Claim Form and their titles or capacities must be stated. The Social Security (or Taxpayer Identification) Number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

## III. CLAIM FORM

1. Use Part II of this form entitled “Schedule of Transactions in GoHealth Class A Common Stock” to supply all required details of your transaction(s) in GoHealth Class A common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to **all** of your purchases/acquisitions and **all** of your sales of GoHealth Class A common stock that took place at any time between July 14, 2020, and January 10, 2021, inclusive, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to **all** of the shares of GoHealth Class A common stock you held at the close of trading on September 21, 2020, and January 10, 2021. Failure to report all such transactions may result in the rejection of your claim.

3. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

4. The date of covering a “short sale” is deemed to be the date of purchase of GoHealth Class A common stock. The date of a “short sale” is deemed to be the date of the sale of GoHealth Class A common stock. A purchase or sale of GoHealth Class A common stock shall be deemed to have occurred on the “contract” or “trade” date as opposed to the “settlement” or “payment” date; please provide any “contract” or “trade” dates in your claim.

5. Broker confirmations or other documentation of your transactions in GoHealth Class A common stock should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

6. The above requests are designed to provide the minimum amount of information necessary to process the most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the hiring of an accounting expert at the claimant’s cost.

7. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims processing will take substantial time to complete fully and fairly. Please be patient.

PLEASE NOTE: As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. This is different from the online submission process that is available at [www.GoHealthSecuritiesLitigation.com](http://www.GoHealthSecuritiesLitigation.com). All claimants MUST submit a manually signed paper Proof of Claim whether or not they also submit electronic copies. If you have a large number of transactions and wish to file your claim electronically, you must contact the Claims Administrator at [info@GoHealthSecuritiesLitigation.com](mailto:info@GoHealthSecuritiesLitigation.com) to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgement of receipt and acceptance of electronically submitted data. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [info@GoHealthSecuritiesLitigation.com](mailto:info@GoHealthSecuritiesLitigation.com) to inquire about your file and confirm it was received.

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

*In re GoHealth, Inc. Securities Litigation,*  
No. 1:20-cv-05593

**PROOF OF CLAIM AND RELEASE**

**Must Be Postmarked (if mailed) or Received (if submitted online)**

**No Later Than: June 12, 2024**

Please Type or Print

**REMEMBER TO ATTACH COPIES OF BROKER CONFIRMATIONS OR OTHER DOCUMENTATION OF YOUR TRANSACTIONS IN GOHEALTH CLASS A COMMON STOCK. FAILURE TO PROVIDE THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM.**

**PART I: CLAIMANT IDENTIFICATION**

Beneficial Owner's Name (First, Middle, Last)

Record Owner's Name (if different from beneficial owner listed above)

Street Address

City

State/Province

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign Postal Code (if applicable)

Foreign Country (if applicable)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Last four digits of Social Security Number or Taxpayer Identification Number

Telephone Number (Work)

Telephone Number (Home)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email Address (email address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this claim)

Account Number

**Type of Beneficial Owner:**

Specify one of the following:

- ☐ Individual (includes joint owner accounts)    ☐ Pension Plan    ☐ Trust    ☐ Corporation  
☐ Estate    ☐ IRA/401K    ☐ Other \_\_\_\_\_ (please specify)

**PART II: SCHEDULE OF TRANSACTIONS IN GOHEALTH CLASS A COMMON STOCK****1. Purchases or acquisitions of GoHealth Class A common stock in and/or traceable to the Company's July 14, 2020, IPO (July 14, 2020 – January 10, 2021, inclusive) (Must submit documentation.):**

Date of Purchase (List Chronologically) (MM/DD/YY)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, and fees)	Acquired Pursuant to any Merger or Acquisition? Yes/No
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**IMPORTANT: If any purchase listed covered a “short sale,” please mark YES: ☐ Yes****2. Sales of GoHealth Class A common stock (July 14, 2020 – January 10, 2021, inclusive) (Must submit documentation.):**

Date of Sale (List Chronologically) (MM/DD/YY)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**3. Number of shares of GoHealth Class A common stock held at the close of trading on September 21, 2020: If none, write “0” or “zero.” (Must submit documentation.)****4. Number of shares of GoHealth Class A common stock held at the close of trading on January 10, 2021: If none, write “0” or “zero.” (Must submit documentation.)****IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX. SIGN AND PRINT YOUR NAME ON EACH ADDITIONAL PAGE.****YOU MUST READ AND SIGN THE RELEASE ON PAGE 7. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**

#### IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGEMENTS

I (We) submit this Proof of Claim under the terms of the Stipulation, described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of Illinois, with respect to my (our) claim as a Class Member (as defined in the Notice) and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Litigation. I (We) agree to furnish additional information to Lead Counsel to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases of GoHealth Class A common stock during the Class Period and know of no other Person having done so on my (our) behalf.

#### V. RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, relinquish, and discharge, all of the Released Claims against each and all of the Defendants and each and all of their respective “Related Parties.” The term “Related Parties” means each of a Defendant’s past or present directors, officers, employees, partners, insurers, co-insurers, reinsurers, principals, controlling shareholders, members, agents, administrators, attorneys, accountants, auditors, bankers, underwriters, investment advisors, personal or legal representatives, predecessors, successors, direct and/or indirect parents, subsidiaries, divisions, joint ventures, partnerships, limited liability companies, affiliates, assigns, spouses, heirs, estates, related or affiliated entities, any entity in which a Defendant has a controlling interest, any member of a Defendant’s immediate family, any trust of which a Defendant is the settlor or which is for the benefit of a Defendant and/or any member of a Defendant’s immediate family, and any entity in which a Defendant and/or any member of a Defendant’s immediate family has or had a controlling interest (directly or indirectly).

2. “Released Claims” shall mean any and all claims (including Unknown Claims as defined below), rights, demands, losses, suits, debts, obligations, damages, judgments, judgment matters, issues, controversies, liabilities, or causes of action of every nature and description whatsoever, in law, equity, or otherwise (including, but not limited to, any claims for damages, interest, attorneys’ fees, expert or consulting fees, and any other costs, expenses, or liabilities whatsoever), to the fullest extent that the law permits their release in this action, by or on behalf of Lead Plaintiffs or any other Class Member, against any of the Released Parties, which arise out of, are based on, or relate to both (i) the allegations, claims, acts, transactions, facts, events, matters, occurrences, disclosures, statements, filings, events, representations, or omissions involved, set forth, alleged, or referred to in the Litigation, or which could have been alleged in the Litigation; and (ii) the purchase, acquisition, sale, disposition, or holding of GoHealth Class A common stock by any members of the Class during the Class Period. Released Claims do not include the legal claims asserted against any Released Party in the Derivative Action or claims to enforce the Settlement or the Stipulation.

3. “Unknown Claims” means collectively any Released Claims that Lead Plaintiffs or Class Members do not know or suspect to exist in their favor at the time of the release of the Released Parties which, if known by them, might have affected their decisions with respect to the Settlement, including, but not limited to, the release of the Released Parties or the decision not to object to or opt out of this Settlement. With respect to any and all Released Claims, the Settling Parties stipulate and agree that, upon the Effective Date, Lead Plaintiffs and Defendants shall expressly waive, and each of the Class Members shall be deemed to have waived, and by operation of the Judgment shall have expressly waived, any and all provisions, rights, and benefits conferred by the law of any state or territory or other jurisdiction or principle of common law or foreign law that is similar, comparable, or equivalent to California Civil Code §1542, which provides:

**A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.**

Lead Plaintiffs or Class Members may hereafter discover facts in addition to or different from those which they now know or believe to be true with respect to the subject matter of the Released Claims, but Lead Plaintiffs shall expressly fully, finally, and forever settle and release, and each Class Member, upon the Effective Date, shall be deemed to have, and by operation of the Judgment shall have, fully, finally, and forever settled and released, any and all Released Claims, known or unknown, suspected or unsuspected, contingent or non-contingent, whether or not concealed or hidden, which now exist, or heretofore have existed, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law, or rule, without regard to the subsequent discovery or existence of such different or additional facts. Lead Plaintiffs and Defendants acknowledge, and Class Members shall be deemed by operation of law (including by operation of the Judgment) to have acknowledged, that the foregoing waiver was separately bargained for and is a key element of the Settlement.

4. This release shall be of no force or effect unless and until the Court approves the Stipulation and it becomes effective on the Effective Date.

5. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

6. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in GoHealth Class A common stock that occurred during the Class Period as well as the number of shares of GoHealth Class A common stock held by me (us) at the close of trading on September 21, 2020, and January 10, 2021.

7. I (We) hereby warrant and represent that I am (we are) not excluded from the Class, as defined in the Notice.

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.  
(Month / Year) (City) (State / Country)

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

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

\_\_\_\_\_  
(Capacity of person(s) signing, e.g., Beneficial Purchaser or Acquirer, Executor, or Administrator)

ACCURATE CLAIMS PROCESSING TAKES A  
SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.

**Reminder Checklist:**

1. Please sign the above release and acknowledgement.
2. Remember to attach supporting documentation, if available.
3. Do not send original stock certificates.
4. Keep a copy of your Claim Form for your records.
5. If you desire an acknowledgement of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR MAILED NO LATER THAN  
JUNE 12, 2024, ADDRESSED AS FOLLOWS:**

*GoHealth Securities Litigation*  
Claims Administrator  
c/o A.B. Data, Ltd.  
P.O. Box 173061  
Milwaukee, WI 53217  
Online Submissions: [www.GoHealthSecuritiesLitigation.com](http://www.GoHealthSecuritiesLitigation.com)

## **Appendix C**

### **Authorization Requirements**

**If you are a nominee filing on behalf of your account holders, you must include the following documentation:**

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proofs of Claim and Release on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; and
- Authorization to sign on your account holders' behalf.

**If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:**

- Your entity has the legal right and authorization from the nominee to file and sign any Proofs of Claim and Release on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proofs of Claim and Release on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the Action.

**If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:**

- Your entity has the legal right and authorization from the other party to file and sign any Proofs of Claim and Release on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the Action.

**If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claim as follows:**

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.





**Appendix D**  
**Sample Cover Letter**

**LETTERHEAD**

Re: GoHealth Securities Litigation

Date:

Enclosed is a fully executed master Proof of Claim and Release with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for GoHealth Class A Common Stock as well as the closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of GoHealth Class A Common Stock shares purchased or acquired [##.##] for the amount of [\$0.0000] and GoHealth Class A Common Stock shares sold [##.##] for the amount of [\$0.0000] can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).



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## Appendix E

### Electronic Claim Filing Template Mapping Instructions

Column	Field Name	Max Length	GoHealth Class A Common Stock FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	<b>E</b> = Employer Identification Number (EIN); <b>S</b> = Social Security Number (SSN); <b>U</b> = Unknown; <b>F</b> = Foreign.
F	Care of:	40	Name of the entity to which items should be mailed.
G	Attn:	40	Name of the person to whose attention items should be mailed.
H	Street 1	40	Street Address 1
I	Street 2	40	Street Address 2
J	City	25	City
K	State	2	State
L	Zip Code	5	Zip code
M	Province	40	NON-US ONLY: Province and Postal Code for fund distribution.
N	Country	40	Country
O	CUSIP/ISIN	10	CUSIP number or ISIN for Class A common stock.
P	Transaction Type/Holdings	2	<b>P</b> = Purchases made between July 14, 2020 IPO through January 10, 2021, inclusive; <b>FR</b> = Free receipts made between July 14, 2020 through January 10, 2021, inclusive; <b>S</b> = Sales made July 14, 2020 through January 10, 2021, inclusive; <b>FD</b> = Free deliveries made between July 14, 2020 through January 10, 2021, inclusive; <b>H</b> = Holding position-shares held at close of trading on September 21, 2020 (will not be factored into balancing equation); <b>C</b> = Closing position – shares held at close of trading on January 10, 2021
Q	Trade Date (MM/DD/YYYY)	10	Trade date for transaction or holding date for closing position.
R	Number of Shares of Stock	19	Number of shares associated with a transaction. No commas: use decimal point if needed. Up to four digits after decimal point.
S	Price Per Share <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Price per share (USD), excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing closing positions. Use zero when specifying free receipts and/or free deliveries.
T	Total Price <b>EXCLUDING</b> Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.
U	Acquired Pursuant to any Merger or Acquisition? Yes/No	3	Was this purchase or acquisition the result of a corporate acquisition or merger? (Yes/No)

**\*All eligible common stock shares for each account must balance. This means that the total purchases, and free receipts during the Class Period MUST EQUAL the total sales and free deliveries during the Class Period plus the closing position ( $P+FR=S+FD+C$ ). An additional holding position is being requested as transaction “H” for the number of shares of GoHealth Class A common stock held at the close of trading on September 21, 2020. This position will not be factored into the balancing equation.**

**\*You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claims Filing Guidelines are subject to rejection.**

**Free Receipts and Free Deliveries are provided to balance your claim and will not result in a Recognized Loss under the Plan of Allocation. The original purchase and/or sale information relating to these shares must be provided in your original filing in order to be eligible under the Plan of Allocation.**



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