

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re GOHEALTH, INC. SECURITIES )  
LITIGATION )  
\_\_\_\_\_ )  
 )  
This Document Relates To: )  
 )  
ALL ACTIONS. )  
\_\_\_\_\_ )

Case No. 1:20-cv-05593  
CLASS ACTION  
Judge Jeremy C. Daniel  
Magistrate Judge Gabriel A. Fuentes

**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"/>
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Last four digits of Social Security Number or Taxpayer Identification Number

Telephone Number (Work)

Telephone Number (Home)

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

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(Sign your name here)

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(Type or print your name here)

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(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)