

GUARDANT HEALTH

Processing Center • P.O. BOX 141578 • Austin, TX 78714



JOHN Q. SAMPLE
1234 MAIN STREET
ANYTOWN US 12345-6789

September 16, 2018

Dear John Sample,

We are writing to inform you of an incident that may have resulted in unauthorized access to your personal information. On July 18, 2018, Guardant Health discovered that one of our employee's email accounts was compromised by an unauthorized third party. Upon discovery, we began an investigation and took steps to stop the unauthorized access into our systems. We immediately engaged a leading cyber forensics firm to help us determine whether any emails were accessed as a result of this incident. Our investigation revealed that one or more email messages that included certain personal information belonging to you may have been accessed by the unauthorized party during a short period of time, between July 13 to July 18.

The following personal information may have been accessed, such as your full name, potentially your social security number if your insurance company uses it as a subscriber or other identifying number on claim or appeal letters, date of birth, date of service, home address, diagnosis codes or narratives, Guardant accession number, group number, doctor's name and doctor's NPI number. However, no passwords or financial account information was accessed. We believe the risk of harm to you is fairly low, but are taking every precaution so that you can monitor your credit at no cost to you. This letter provides detailed information about what you should do now.

Again, we believe the risk of harm to you is fairly low and we have no evidence that your personal information has been or will be misused. Nonetheless, we take the protection of your personal information seriously and are taking steps to prevent a similar occurrence. Due to this incident, we have improved our firewall to block potential future intruder attempts, have updated employee passwords to be more complex, and educated our employees to be alert for suspicious email activity. Furthermore, we are working with a leading cyber forensic firm to support our investigation and provide us with recommendations on additional measures we can implement to prevent a recurrence of a similar incident.

We want to make you aware of steps you may take to guard against identity theft or fraud. Please review the enclosed Information about Identity Theft Protection.

As an added precaution, we have arranged to have AllClear ID protect your identity for 24 months at no cost to you. The following identity protection services start on the date of this notice and you can use them at any time during the next 24 months.

AllClear Identity Repair: This service is automatically available to you with no enrollment required. If a problem arises, simply call 1-855-725-5770 and a dedicated investigator will help recover financial losses, restore your credit and make sure your identity is returned to its proper condition.

AllClear Fraud Alerts with Credit Monitoring: This service offers the ability to set, renew, and remove 90-day fraud alerts on your credit file to help protect you from credit fraud. In addition, it provides credit monitoring services, a once annual credit score and credit report, and a \$1 million identity theft insurance policy. To enroll in this service, you will need to provide your personal information to AllClear ID. You may sign up online at enroll.allclearid.com or by phone by calling 1-855-725-5770 using the following redemption code: Redemption Code.



01-04-1

Please note: Following enrollment, additional steps are required by you in order to activate your phone alerts and fraud alerts, and to pull your credit score and credit file. Additional steps may also be required in order to activate your monitoring options.

If you have further questions or concerns about this incident, please contact our incident call center at 1-855-725-5770. We sincerely regret any inconvenience or concern caused by this incident.

Sincerely,

A handwritten signature in black ink that reads "Gulshan Shaver". The signature is written in a cursive, flowing style.

Gulshan Shaver
VP, Legal Affairs and Chief Compliance Officer
Guardant Health, Inc.
505 Penobscot Drive, Redwood City, CA, 94063

Information about Identity Theft Protection

We recommend that you regularly review statements from your accounts and periodically obtain your credit report from one or more of the national credit reporting companies. You may obtain a free copy of your credit report online at www.annualcreditreport.com, by calling toll-free 1-877-322-8228, or by mailing an Annual Credit Report Request Form (available at www.annualcreditreport.com) to: Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA, 30348-5281. You may also purchase a copy of your credit report by contacting one or more of the three national credit reporting agencies listed below.

Equifax: P.O. Box 740241, Atlanta, Georgia 30374-0241, 1-800-685-1111, www.equifax.com
Experian: P.O. Box 9532, Allen, TX 75013, 1-888-397-3742, www.experian.com
TransUnion: P.O. Box 1000, Chester, PA 19022, 1-800-888-4213, www.transunion.com

When you receive your credit reports, review them carefully. Look for accounts or creditor inquiries that you did not initiate or do not recognize. Look for information, such as home address and Social Security number, that is not accurate. If you see anything you do not understand, call the credit reporting agency at the telephone number on the report.

We recommend that you regularly review the explanation of benefits statement that you receive from your insurer. If you see any service that you believe you did not receive, please contact your insurer at the number on the statement. If you do not receive regular explanation of benefits statements, contact your provider and request them to send such statements following the provision of services in your name or number.

You may want to order copies of your credit reports and check for any medical bills that you do not recognize. If you find anything suspicious, call the credit reporting agency at the phone number on the report. Keep a copy of this notice for your records in case of future problems with your medical records.

Fraud Alerts: There are also two types of fraud alerts that you can place on your credit report to put your creditors on notice that you may be a victim of fraud: an initial alert and an extended alert. You may ask that an initial fraud alert be placed on your credit report if you suspect you have been, or are about to be, a victim of identity theft. An initial fraud alert stays on your credit report for at least 90 days. You may have an extended alert placed on your credit report if you have already been a victim of identity theft with the appropriate documentary proof. An extended fraud alert stays on your credit report for seven years. You can place a fraud alert on your credit report by calling the toll-free fraud number of any of the three national credit reporting agencies listed below.

Equifax: 1-888-766-0008, www.equifax.com
Experian: 1-888-397-3742, www.experian.com
TransUnion: 1-800-680-7289, fraud.transunion.com

Credit Freezes: You may have the right to put a credit freeze, also known as a security freeze, on your credit file, so that no new credit can be opened in your name without the use of a PIN number that is issued to you when you initiate a freeze. A credit freeze is designed to prevent potential credit grantors from accessing your credit report without your consent. If you place a credit freeze, potential creditors and other third parties will not be able to get access to your credit report unless you temporarily lift the freeze. Therefore, using a credit freeze may delay your ability to obtain credit. In addition, you may incur fees to place, lift and/or remove a credit freeze. Credit freeze laws vary from state to state. The cost of placing, temporarily lifting, and removing a credit freeze also varies by state, generally \$5 to \$20 per action at each credit reporting company. *Unlike a fraud alert, you must separately place a credit freeze on your credit file at each credit reporting company.* Since the instructions for how to establish a credit freeze differ from state to state, please contact the three major credit reporting companies as specified below to find out more information:

Equifax: P.O. Box 105788, Atlanta, GA 30348, www.equifax.com
Experian: P.O. Box 9554, Allen, TX 75013, www.experian.com
TransUnion LLC: P.O. Box 2000, Chester, PA, 19022-2000, freeze.transunion.com



AllClear Identity Repair Terms of Use

If you become a victim of fraud using your personal information without authorization, AllClear ID will help recover your financial losses and restore your identity. Benefits include:

- 24 months of coverage with no enrollment required.
- No cost to you — ever. AllClear Identity Repair is paid for by the participating Company.

Services Provided

If you suspect identity theft, simply call AllClear ID to file a claim. AllClear ID will provide appropriate and necessary remediation services (“Services”) to help restore the compromised accounts and your identity to the state prior to the incident of fraud. Services are determined at the sole discretion of AllClear ID and are subject to the terms and conditions found on the AllClear ID website. AllClear Identity Repair is not an insurance policy, and AllClear ID will not make payments or reimbursements to you for any financial loss, liabilities or expenses you incur.

Coverage Period

Service is automatically available to you with no enrollment required for 24 months from the date of the breach incident notification you received from Company (the “Coverage Period”). Fraud Events (each, an “Event”) that were discovered prior to your Coverage Period are not covered by AllClear Identity Repair services.

Eligibility Requirements

To be eligible for Services under AllClear Identity Repair coverage, you must fully comply, without limitations, with your obligations under the terms herein, you must be a citizen or legal resident eighteen (18) years of age or older, and have a valid U.S. Social Security number. Minors under eighteen (18) years of age may be eligible, but must be sponsored by a parent or guardian. The Services cover only you and your personal financial and medical accounts that are directly associated with your valid U.S. Social Security number, including but not limited to credit card, bank, or other financial accounts and/or medical accounts.

How to File a Claim

If you become a victim of fraud covered by the AllClear Identity Repair services, you must:

- Notify AllClear ID by calling 1.855.434.8077 to report the fraud prior to expiration of your Coverage Period;
- Provide proof of eligibility for AllClear Identity Repair by providing the redemption code on the notification letter you received from the sponsor Company;
- Fully cooperate and be truthful with AllClear ID about the Event and agree to execute any documents AllClear ID may reasonably require; and
- Fully cooperate with AllClear ID in any remediation process, including, but not limited to, providing AllClear ID with copies of all available investigation files or reports from any institution, including, but not limited to, credit institutions or law enforcement agencies, relating to the alleged theft.

Coverage under AllClear Identity Repair Does Not Apply to the Following:

Any expense, damage or loss:

- Due to
 - Any transactions on your financial accounts made by authorized users, even if acting without your knowledge, or
 - Any act of theft, deceit, collusion, dishonesty or criminal act by you or any person acting in concert with you, or by any of your authorized representatives, whether acting alone or in collusion with you or others (collectively, your “Misrepresentation”);
- Incurred by you from an Event that did not occur during your coverage period; or
- In connection with an Event that you fail to report to AllClear ID prior to the expiration of your AllClear Identity Repair coverage period.

Other Exclusions:

- AllClear ID will not pay or be obligated for any costs or expenses other than as described herein, including without limitation fees of any service providers not retained by AllClear ID; AllClear ID reserves the right to investigate any asserted claim to determine its validity.
- AllClear ID is not an insurance company, and AllClear Identity Repair is not an insurance policy; AllClear ID will not make payments or reimbursements to you for any loss or liability you may incur.
- AllClear ID is not a credit repair organization, is not a credit counseling service, and does not promise to help you improve your credit history or rating beyond resolving incidents of fraud.
- AllClear ID reserves the right to reasonably investigate any asserted claim to determine its validity. All recipients of AllClear Identity Repair coverage are expected to protect their personal information in a reasonable way at all times. Accordingly, recipients will not deliberately or recklessly disclose or publish their Social Security number or any other personal information to those who would reasonably be expected to improperly use or disclose that Personal Information.

Opt-out Policy

If for any reason you wish to have your information removed from the eligibility database for AllClear Identity Repair, please contact AllClear ID:

E-mail support@allclearid.com	Mail AllClear ID, Inc. 823 Congress Avenue Suite 300 Austin, Texas 78701	Phone 1.855.434.8077
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Discrimination is Against the Law

Guardant Health, Inc. (“Guardant Health”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Guardant Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Guardant Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; and
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters; and
 - Information written in other languages.

If you need these services, contact: Pam Spitzer, Civil Rights Coordinator.

If you believe that Guardant Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Pam Spitzer, Civil Rights Coordinator, 505 Penobscot Drive, Redwood City, California, 94063; Phone: 1-855-698-8887, Choose Option 1; Fax: 888-974-4258; Email: clientservices@guardanthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pam Spitzer, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Taglines

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-698-8887, Option 1.

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-698-8887, Option 1.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-698-8887, Option 1.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-698-8887, Option 1. 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-698-8887, Option 1.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-698-8887, Option 1.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-698-8887, Option 1 (رقم هاتف الصم والبكم).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-698-8887, Option 1.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-698-8887, Option 1.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-698-8887, Option 1.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-698-8887, Option 1.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-698-8887, Option 1.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-698-8887, Option 1.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-698-8887, Option 1まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-698-8887, Option 1 تماس بگیرید.