

Great Valley Cardiology Data Breach Settlement Administrator
P.O. Box 3298
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted Online
or Postmarked By September 9, 2024**

Ayala v. Commonwealth Health Physician Network, et. al.

Lackawanna County Court of Common Pleas, Docket No. 2023-CV-3008

CLAIM FORM

GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits.

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are an individual whose Personal Information was potentially compromised in the Data Breach experienced by GVC between February 2 and April 3, 2023, and who were sent the Notice of Data Privacy Incident on or around June 2023.

Settlement Class Members may submit a claim form for: (1) Documented Losses – up to a total of \$5,000 per claimant; or (2) a pro rata Settlement Payment in cash. Settlement Class Members may also elect to claim two years of credit monitoring and insurance services ("CMIS").

Documented Loss Payment: Claims under this category must be supported with documentation and: 1) The loss is an actual, documented, and unreimbursed monetary loss arising from identity theft, fraud, or similar misuse; (2) the loss was more likely than not caused by the Data Breach; and (3) the loss occurred between February 2, 2023 and April 17, 2024. As part of a Documented Loss Payment Claim, Class Members may submit for reimbursement for time spent remedying issues related to the Data Breach for up to six (6) total hours at a rate of \$25 (for a total of \$150). No documentation need be submitted in connection with lost-time claims, but Settlement Class Members must attest that the time claimed was actually spent as a result of the Data Breach.

Cash Fund Payment: In the alternative to claiming Documented Losses, Settlement Class Members may elect to receive a *pro rata* share of the Settlement Fund.

Credit Monitoring and Insurance Services ("CMIS"). Settlement Class Members shall have the ability to make a claim for 2 years of credit monitoring and identity theft protection services with \$1 million in insurance by choosing this benefit on this Claim Form.

This Claim Form may be submitted electronically *via* the Settlement Website at www.GVCDataSettlement.com or completed and mailed, including any supporting documentation, to: *Great Valley Cardiology Data Breach Settlement Administrator*, P.O. Box 3298, Baton Rouge, LA 70821.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name*

Last Name*

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*

City*

State*

Zip Code*

Email Address*

_____-_____-_____
Telephone Number*

_____-_____
Notice ID, if known*

