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 <a href="www.GVCDataSettlement.com">www.GVCDataSettlement.com</a> 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 not this form.	tify the Settlement Administrat	or if your contact inf	ormation changes after you sub	omit
First Name*	Last Name*			
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number	r)*			
City*		State*	Zip Code*	
Email Address*				
Telephone Number*	Notice ID, if known*			

## **II. DOCUMENTED LOSSES PAYMENT** Check this box if you are requesting compensation for **Documented Losses** up to a total of \$5,000. \*You must submit supporting documentation demonstrating actual, unreimbursed monetary loss. Complete the chart below describing the suppoting documentation you are submitting. **Description of Documentation Provided** Amount Example: Receipts for credit repair services \$100 TOTAL AMOUNT CLAIMED: Lost Time. Check this box if you spent time monitoring accounts or otherwise dealing with issues related to the Security Incident. You can submit a claim for reimbursement of \$25 per hour up to 6 hours (for a total of \$150, subject to the \$5,000 cap for Documented Losses). By checking this box, you are attesting that the activities you performed were related to the Data Breach. Indicate the number of hours spent: 1 Hour 2 Hours 3 Hours 4 Hours 5 Hours 6 Hours **III. CASH FUND PAYMENT** Check this box if you are requesting a pro rata cash payment from the Settlement Fund in the alternative to claiming Documented Losses. IV. CREDIT MONITORING AND INSURANCE SERVICES Check this box if you wish to enroll in credit monitoring and insurance services for 2 years, which includes credit monitoring through all three national credit reporting bureaus with at least \$1,000,000 in identity theft insurance. You may select this benefit in addition to selecting either a Documented Losses Payment or a Cash Fund Payment. **V. PAYMENT SELECTION** Please select one of the following payment options, which will be used should you be eligible to receive a Settlement payment: PayPal PayPal Account Email Address or Phone Number ☐ Venmo Venmo Account Email Address or Phone Number Zelle Zelle Account Email Address or Phone Number E-MasterCard Your Current Email Address Physical Check: Payment will be mailed to the address provided in Section I above. **VI. ATTESTATION & SIGNATURE** I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid. Signature **Printed Name** Date