

Med-Data Settlement Administrator  
P.O. Box 341  
Baton Rouge, LA 70821

**Your Claim Form Must Be Postmarked  
By May 21, 2024**

## ***M.S. v. Med-Data, Inc.***

United States District Court for the Southern District of Texas, Houston Division, Case No. 4:22-cv-00187

### **Claim Form**

This Claim Form should be filled out if you received a Notice of Data Incident from Med-Data, Inc. ("Med-Data") or one of its business associates or if you otherwise believe you were affected by the data security incident that occurred when an employee of Med-Data saved files containing patients' PII and PHI to the public-facing portion of GitHub sometime between December 2018 and September 2019 (the "Data Incident").

Settlement Class Members may submit a claim for either (a) Out-of-Pocket Losses, including lost time reimbursement ("Tier 1 Claim"), or (b) an alternative Cash Payment ("Tier 2 Claim"). Settlement Class Members can submit a claim for one of these payment options:

- Tier 1 Claims: Up to \$5,000 in documented Out-of-Pocket Losses and lost time reimbursement.

Settlement Class members who suffered Out-of-Pocket Losses because of the Data Incident, and can provide supporting documentation, will be eligible for a payment of the amount of loss proven up to five thousand dollars (\$5,000.00). Out-of-Pocket Losses eligible for reimbursement must have been incurred on or after December 2018.

A Settlement Class Member may also make a claim for Time Spent remedying issues related to the Data Incident. Claims made for such time are subject to a 5-hour cap reimbursed at \$25 per hour and can be combined with reimbursement for Out-of-Pocket Losses subject to the \$5,000.00 cap.

- Tier 2 Claims: In the alternative, Settlement Class Members who took any action in response to the Notice of Data Incident may submit a claim for a cash payment of up to \$500 from the net settlement fund, based on the amounts remaining after all Tier 1 claims have been paid.

This Claim Form may be submitted electronically via the Settlement Website at [www.MedDataSettlement.com](http://www.MedDataSettlement.com) or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Med-Data Settlement Administrator  
P.O. Box 341  
Baton Rouge, LA 70821

### **I. 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*		Settlement Claim ID*	

## II. TIER 1: OUT-OF-POCKET LOSSES UP TO \$5,000.

Check this box if you incurred Out-of-Pocket Losses as a result of the Data Incident.

Settlement Class Members are eligible for lost time reimbursement and compensation for unreimbursed Out-of-Pocket Losses incurred on or after December 2018, up to a total of \$5,000.00 per Settlement Class Member, upon submission of a valid Claim Form and supporting documentation (except for claims for lost time).

Out-of-Pocket Losses may include: (A) out-of-pocket expenses incurred as a result of the Data Incident, such as the following: (i) unreimbursed losses relating to fraud, medical or identity theft, (ii) professional fees, including attorneys' fees, accountants' fees, and fees for credit repair services, (iii) costs associated with freezing or unfreezing credit with any credit reporting agency, (iv) credit monitoring costs, and (v) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (B) up to five (5) hours of lost time, calculated at \$25/hour, for time spent responding to issues raised by the Data Incident.

Lost time may include time spent on tasks such as (i) changing passwords on potentially impacted accounts; (ii) monitoring for or investigating suspicious activity on potentially impacted medical, financial, or other accounts; (iii) contacting a medical provider or financial institution to discuss suspicious activity; (iv) signing up for identity theft or fraud monitoring services; or (v) researching information about the Data Incident, its impact, or how to protect yourself from harm due to the Data Incident.

Please note that the above lists of reimbursable lost time and documented Out-of-Pocket Losses are not meant to be exhaustive, but are exemplary. You may make claims for any lost time and out of pocket expenses that you believe are reasonably related to the Data Incident or to mitigating the effects of the Data Incident.

Total amount claimed for this category: \$  .

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

### Compensation for Lost Time

I certify that I spent the following number of hours responding to issues raised by the Data Incident.

Hours claimed (5 hour maximum):  hours

## III. TIER 2: ALTERNATIVE CASH PAYMENT.

Check this box if you wish to receive the Tier 2 Alternative Cash Payment.

In the alternative to submitting a claim for reimbursement of Out-of-Pocket Losses and/or lost time reimbursement, Settlement Class Members who took any action at all in response to the Notice of Data Incident, even if *de minimis*, may submit a claim for an alternative cash payment of up to \$500, based on the amounts remaining in the net settlement fund after deducting payments for (1) Tier 3 Benefits of Medical Shield Premium fraud monitoring; (2) all Tier 1 Claims; (3) notice and administration costs; and (4) attorneys' fees, litigation expenses, and service awards to the Settlement Class Representatives.

Examples of actions taken in response to receiving the Notice of Data Incident include changing account passwords, monitoring for suspicious activity on potentially impacted medical, financial, or other accounts, checking your credit report, signing up for identity theft or fraud monitoring services; or researching information about the Data Incident, its impact, or how to protect yourself from harm due to the Data Incident.

I certify that I took at least some *de minimis* action in response to the Data Incident.

**Note: You can only select one of the two claim options listed on this claim form. Tier 2 Claims for alternative cash payments cannot be combined with Tier 1 Claims for Out-of-Pocket Losses or lost time reimbursement. If you check both options, your claim will be processed as a Tier 2 Claim for the alternative cash payment.**

