

CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you received a notification from EmergeOrtho that your personal information was or may have been compromised in the "Data Incident" which means the ransomware cyberattack carried out by an unauthorized third party on EmergeOrtho's computer systems which occurred in May 2022, that resulted in the possible access of Private Information by the unauthorized third party.

The Claim Form is to be completed if: (i) you had out-of-pocket losses, or (ii) lost time spent dealing with the Data Incident; (iii) or you wish to collect a pro rata cash payment. You may get a check if you fill out this Claim Form, if the settlement is approved, and if you are found to be eligible for a payment. The Settlement establishes a fund to compensate Settlement Class Members for their lost time and out-of-pocket losses, to provide credit monitoring services, and to provide Settlement Class Members with a pro rata cash payment, as well as for the costs of notice and administration, certain taxes, service award payments, and attorney fee awards and costs as awarded by the Court. If you submit a valid claim you will be eligible for the residual pro rata cash payment, as described in Paragraph 56 of the Settlement Agreement.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.EmergeOrthoSettlement.com, or call 1-844-979-3915 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. The **DEADLINE** to submit this claim form online (or have it postmarked for mailing) is **June 24, 2024**.

Si necesita ayuda en español, comuníquese con el administrador al 1-844-979-3915.

1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

Name: _____

Address: _____

Telephone: _____ Email: _____

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and Sections III through V of the Settlement Agreement (available at www.EmergeOrthoSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include out-of-pocket losses that you had to pay as a result of the Data Incident, time you had to spend dealing with the effects of the Data Incident, and two years of credit monitoring and identity protection services. You may also choose to receive a pro rata cash payment from any funds remaining in the Settlement Fund.

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

- a. Out-of-Pocket Losses Resulting from the Data Incident:
(Class Members can claim up to \$10,000 in Out-of-Pocket Losses and Lost Time)

_____ I incurred unreimbursed charges as a result of the Data Incident.

Examples - unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your information; costs incurred on or after May 2022 through June 24, 2024 associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after May 2022 through June 24, 2024.

Total amount for this category \$ _____

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between May 2022 through June 24, 2024, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose).

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

- b. Between one and six hours of Lost Time spent dealing with the Data Incident:
(Class Members can claim up to six (6) hours of Lost Time, compensable at \$25 per hour.)

_____ I swear and affirm that I spent the amount of time noted in response to the EmergeOrtho data security incident:

Examples – You spent valuable time calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. You spent valuable time signing up for credit monitoring or identity theft protection services or freezing/unfreezing credit reports with any credit reporting agency.

_____ 1 hour _____ 2 hours _____ 3 hours _____ 4 hours _____ 5 hours _____ 6 hours

- c. Two-years of Three-Bureau Credit Monitoring and Identity Protection Services

_____ I would like to claim credit monitoring and identity protection services.

- d. Eligibility for a residual cash payment:

_____ I would like to claim a pro rata cash payment.

After all valid claims for ordinary expense reimbursements, valid claims for compensation for lost time, court-approved attorneys' fees and costs, and costs of notice and settlement administration have been paid, any non de minimis funds will be split pro rata amongst valid claimants. Check the box above if you would like to claim your portion of any residual pro rata cash distribution.

