

EINSTEIN HEALTHCARE NETWORK DATA INCIDENT

SETTLEMENT CLAIM FORM

This Claim Form should be filled out and submitted by mail if you received notice that your Personal Identifiable Information and/or Protected Health Information was potentially compromised in the Data Incident that occurred with Einstein Healthcare Network. You may enroll in complimentary identity monitoring services through Experian Identity for a period of one year from the Effective Date of the Settlement. You may also receive a cash payment of (1) \$20 per hour (a maximum of three hours) for time lost remedying the effects of the Data Incident and/or (2) up to \$1,500 for reimbursement for documented ordinary expenses and/or (3) up to \$7,500 for reimbursement for documented extraordinary expenses if you fill out this Claim Form. The total claims for lost time, ordinary expenses, and extraordinary expenses will be capped at \$1,500,000. If the total of valid claims exceeds \$1,500,000, claims will be reduced pro rata.

Please refer to the Settlement Notice posted on the settlement website, www.EinsteinIncidentSettlement.com, for more information.

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY: August 6, 2022

CLASS MEMBER INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form and the Settlement.

First Name: _____ M: _____ Last: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Email (*Optional*): _____

SETTLEMENT BENEFITS

You may submit a claim for both identity monitoring services (#1) and one or more cash payments (#2).

1. Identity Theft Monitoring

You may enroll in complimentary identity monitoring services through Experian Identity for a period of one year from the Effective Date of the Settlement by submitting this form. No additional documentation is needed.

YES, please provide me with complimentary identity monitoring services

Please provide your email address above. When the Settlement becomes effective, you will receive an activation code to use to enroll directly with Experian.

Questions? Call 1-866-742-4955 or visit www.EinsteinIncidentSettlement.com

2. Cash Payments

Three types of cash payments for damages are available. First, you may recover payment to compensate you for the time you spent addressing the Data Incident (#A). Second, you may recover certain “ordinary expenses” incurred as a result of the Data Incident (#B). And third, you may recover certain “extraordinary expenses” incurred as a result of the Data Incident (#C). These expenses or time must have been incurred during the applicable time period, which is from August 5, 2020 through August 6, 2022. Please refer to the Settlement Notice for more information.

To help us determine if you are entitled to a settlement payment, please provide as much information as possible. Only complete the sections for which you are making a claim for a cash payment. You may make a claim for any or all of the following types of damages:

A. Lost Time.

You may be eligible for reimbursement of up to three hours of time spent remedying or researching issues related to the Data Incident(s) (at \$20 per hour) with an attestation that the time was spent dealing with the Data Incident.

How much time did you spend? _____ (a maximum of 3 hours will be considered for reimbursement regardless of whether the time spent exceeded 3 hours)

Attestation (you must check this box to attest to the number of hours you are claiming)

I attest that I spent the number of hours claimed above making reasonable efforts to deal with the Data Incident.

B. Documented Ordinary Expenses.

The types of ordinary expenses that you may claim include fees or other charges (e.g., professional fees, losses related to fraud or identity theft, credit monitoring, etc.) and other incidental expenses (e.g., postage, long distance charges, etc.) you incurred addressing the Data Incident. The Settlement Notice further describes the types of available expenses in greater detail and the documentation required to support the expenses. Please refer to that document for more information.

| Date | Description | Amount |
|------|-------------|--------|
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Documentation is required for claimed expenses. Please be sure to include documentation to expedite the processing of your claim. For example, a bank statement showing claimed fees (you may redact unrelated transactions and all but the last four digits of any account number).

Settlement Class Members may claim up to **\$1,500 in total for ordinary expenses** under this section.

Questions? Call 1-866-742-4955 or visit www.EinsteinIncidentSettlement.com

C. Documented Extraordinary Expenses

The types of extraordinary expenses that you may claim include expenses associated with identity theft, medical fraud, tax fraud, other forms of fraud, and other actual misuse of personal information, provided that (i) the loss is an actual documented and unreimbursed monetary loss; (ii) the loss was fairly traceable to the Data Incident; (iii) the loss is not already covered by one or more of the ordinary loss compensation categories under Claim B; (iv) you made reasonable efforts to avoid the loss or seek reimbursement for the loss; and (v) the loss occurred between August 5, 2020 and August 6, 2022.

The Settlement Notice describes the types of available expenses in greater detail and the documentation required to support the expenses. Please refer to that document for more information.

| Date | Description | Amount |
|------|-------------|--------|
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Documentation is required for claimed extraordinary expenses. Please be sure to include documentation to expedite the processing of your claim.

Settlement Class Members may claim up to **\$7,500 in total for extraordinary expenses** under this section.

The information supplied in this Claim Form is true and correct to the best of my recollection. I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Print Name: _____

Signature: _____ Date: _____

* * *

The deadline to submit this Claim Form and all required supporting documentation is August 6, 2022:

This Claim Form may be submitted online at www.EinsteinIncidentSettlement.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, along with any supporting documentation, by U.S. Mail to:

Einstein Litigation Settlement
Claims Administrator
PO Box 59749
Philadelphia, PA 19102-9479

DO NOT SEND THIS CLAIM FORM TO THE COURT

Questions? Call 1-866-742-4955 or visit www.EinsteinIncidentSettlement.com