



830350000000

Your claim must be submitted online or postmarked by: August 22, 2024

CLAIM FORM FOR AGH DATA INCIDENT

Rentschler, et al. v. Atlantic General Hospital Corporation
Case No. 1:23-cv-01005-JRR
United States District Court, District of Maryland

ATLANTIC-C

GENERAL INSTRUCTIONS

If you received notice of this settlement, you have been identified as a Settlement Class Member who may have been involved in the Data Incident and were notified by Defendant, Atlantic General Hospital Corporation (“AGH”) that on or around January 20, 2023, cybercriminals breached AGH’s computer and information systems and accessed personally identifying information, financial account information, and private health information (collectively “Private Information”) belonging to AGH’s current and former patients (the “Data Incident”). You may submit a Settlement Claim for Settlement Benefits, outlined below. Please refer to the Long Notice posted on the Settlement Website www.aghdatasettlement.com, for more information on submitting a Claim Form.

If you wish to receive Settlement Benefits from this settlement, you must submit the Claim Form below by August 22, 2024.

This Claim Form may be submitted electronically *via* the Settlement Website at www.aghdatasettlement.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:

Settlement Administrator - 83035
c/o Kroll Settlement Administration LLC
PO Box 5324
New York, NY 10150-5324

You may submit a Settlement Claim for the following benefits:

1) **Documented Loss Payment:** Settlement Class Members may submit a Settlement Claim for a Settlement Payment of up to \$5,000 for reimbursement in the form of a documented loss payment. To receive a documented loss payment, a Settlement Class Member must choose to do so on this Claim Form and submit to the Settlement Administrator the following: (i) a valid Claim Form electing to receive the documented loss payment benefit; (ii) an attestation regarding any actual and unreimbursed documented loss; and (iii) reasonable documentation that demonstrates the Documented Loss to be reimbursed.

OR

2) **Cash Award:** In the alternative to claiming reimbursement for documented losses, Settlement Class Members who submit a valid and timely Claim Form may elect to claim a Cash Award. The amount of the Cash Award depends on the total of Post Loss Payment Net Settlement Funds remaining after payment of all other claim types.

AND

3) **Credit Monitoring and Insurance Services:** In addition to the benefits above, each Settlement Class Member who submits a valid and timely Claim Form may elect to receive three (3) years of Credit Monitoring and Insurance Services (“CMIS”) regardless of whether they make a Settlement Claim for a Documented Loss Payment or Cash Award.

Questions? Go to www.aghdatasettlement.com or call (833) 425-4343.



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I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. 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 Claim Form. If this information changes prior to distribution of Settlement Benefits, you must notify the Settlement Administrator by visiting the Contact section of the Settlement Website or by calling (833) 425-4343.

_____ **First Name** _____ **Last Name**

_____ **Address 1**

_____ **Address 2**

_____ **City** _____ **State** _____ **Zip Code**

Email Address (optional): _____ @ _____

Telephone Number: (_____) _____ - _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify that you are an individual who may have been involved in the Data Incident and were notified that their Private Information may have been impacted as a result of the Data Incident.

Enter the Class Member ID Number provided on your Short Notice:

Class Member ID: 8 3 0 3 5 _____

IV. CASH AWARD

Cash Award. Check the box if you wish to receive a Cash Award. The amount of each Cash Award payment depends on the total Post Loss Payment Net Settlement Funds remaining after payment of all other claim types and shall be calculated by dividing the Post Loss Payment Net Settlement Fund by the total number of Valid Claims submitted by Settlement Class Members who elected a Cash Award.

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V. DOCUMENTED LOSS PAYMENT

All Settlement Class Members are eligible to recover compensation for up to \$5,000 per Settlement Class Member as reimbursement for documented losses incurred as a result of the Data Incident, including, but not limited to:

- (i) Bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel;
(ii) Fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between the date of the Data Incident and August 22, 2024;

You must submit documentation to obtain this reimbursement.

I have attached documentation showing that the claimed losses were more likely than not caused by the Data Incident. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Table with 4 columns: Documented Loss Type, Approximate Date of Loss, Amount of Loss, and Description of Supporting Reasonable Documentation. Includes an example row for Identity Theft Protection Service and four blank rows for user input.

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VI. CREDIT MONITORING AND INSURANCE SERVICES

3 years of Credit Monitoring and Insurance Services

Check the box above if you wish to receive 3 years of CMIS (including \$1,000,000 in identity theft insurance) at no cost to you. If your Settlement Claim is approved, you will receive an activation for the service by mail or email, along with instructions on how to activate the service. Settlement Class Members who already have a credit monitoring service may elect to defer their enrollment in the CMIS for a period of twelve (12) months for no additional charge. If you select this benefit, you may also claim reimbursement for documented loss payment or the Cash Award.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

_____/_____/_____
Signature Date (mm/dd/yyyy)

Print Name

Reminder Checklist.

- Keep copies of the completed Claim Form and documentation for your own records.
- If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the Contact section of the Settlement Website at www.aghdatasettlement.com and provide your updated address information. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.
- Please do not provide any sensitive documents that may contain Personal Information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, provide these documents by mail to the Settlement Administrator.

For more information, please visit the Settlement Website at www.aghdatasettlement.com, or call the Settlement Administrator at (833) 425-4343. Please do not call the Court or the Clerk of the Court for additional information.

Questions? Go to www.aghdatasettlement.com or call (833) 425-4343.



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