CLAIM FORM FOR NORWOOD CLINIC CYBER INCIDENT BENEFITS

USE THIS FORM TO MAKE A CLAIM FOR LOST TIME PAYMENTS, OUT-OF-POCKET LOSS PAYMENTS, AND FREE CREDIT MONITORING.

For more information, call 1-877-495-0904 or visit the website www.norwoodcyberincident.com. Para una notificación en Español, pueda llamar 1-877-495-0904 o visitar nuestro sitio de web www.norwoodcyberincident.com.

The DEADLINE to submit this Claim Form online (or mail it postmarked) is

March 20, 2024.

I. GENERAL INSTRUCTIONS

If you were notified on or around March 8, 2022, that your Private Information was potentially compromised in a cybersecurity attack on Norwood Clinic, Inc. ("Cyber Incident"), you are a Settlement Class Member. Under the terms of the Settlement, the Settlement Class is defined as all individuals residing in the United States whose Private Information was or may have been compromised in the Cyber Incident that is the subject of the data security notice that Defendant sent to Plaintiffs and others in substantially the same form on or about March 8, 2022.

Subject to the terms and conditions of the Settlement Agreement, Norwood Clinic, Inc. ("Norwood") will reimburse Settlement Class Members for their lost time (up to 20 hours for \$25/hour for a maximum of \$500) with a valid Claim and attestation and out-of-pocket losses (up to \$1,125.00) with a valid Claim and reasonable documentation as a result of the Cyber Incident and will provide two (2) years of free credit monitoring services from all three (3) credit reporting agencies for the Settlement Class. The Settlement notice describes your legal rights and options. Please visit the official Settlement Website, <u>www.norwoodcyberincident.com</u>, or call 1-877-495-0904 for more information.

If you wish to submit a Claim for a Settlement payment, you need to provide the information below. Please print clearly. This Claim Form must be submitted via the Settlement Website or mailed and postmarked by March 20, 2024.

Settlement benefits may include the following:

<u>Up to \$1,125</u> in recovery of any unreimbursed Out-of-Pocket Losses.

- This money will be reimbursement for money you paid to protect yourself after the Cyber Incident, such as money spent on a credit monitoring service. You are also eligible to receive reimbursement for money you lost as a result of fraud or identity theft. You may only receive reimbursement for losses that have not been reimbursed from another source.
- Any losses claimed must be "fairly traceable" to the Cyber Incident, meaning (1) the timing of the loss occurred on or after September 20, 2021 (or the earliest verifiable date the Cyber Incident occurred); and (2) the personal information used to commit identity theft or fraud consisted of the same type of personal information that was provided to Norwood prior to the Cyber Incident.
- To receive reimbursement for these expenses, you must attach documentation that reasonably supports the claimed losses.

Up to \$500 to reimburse you for your Lost Time, in addition to the reimbursement of Out-of-Pocket Losses, if any.

• By filling out this Claim Form, you can attest to the amount of time you spent attempting to mitigate the effects of the Cyber Incident on your life. This can include, for example, time spent on the phone with banks, time spent dealing with replacement card issues or reversing fraudulent charges, time spent monitoring financial accounts, or time spent freezing your credit as a result of the Cyber Incident.

- You will be reimbursed for your time at \$25/hour for up to 20 hours, but you can only make a claim for lost time if at least one full hour was spent.
- To receive reimbursement for your lost time, you must confirm that the expended time was addressing issues raised by the Cyber Incident and you may also provide supporting documentation of the time spent.

<u>Free Credit Monitoring</u> that includes: (1) dark web scanning with immediate user notification if potentially unauthorized use of a class member's personal information is detected; (2) identity theft insurance; (3) real-time credit monitoring of all three credit bureaus (Equifax, Experian, and TransUnion); and (4) access to fraud resolution agents. To enroll in the Free Credit Monitoring, you must submit a valid Claim Form.

Cash payment amounts may be reduced *pro rata* (equally among class members) depending on how many Settlement Class Members submit claims. Complete information about the Settlement and its benefits are available at <u>www.norwoodcyberincident.com</u>.

This Claim Form may be submitted online at <u>www.norwoodcyberincident.com</u> 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:

Norwood Clinic Inc. Cyber Incident Settlement c/o A.B. Data, Ltd. P.O. Box 173105 Milwaukee, WI 53217

II. CLAIMANT INFORMATION

If you received a notice of this Settlement by U.S. Mail, your Class Member ID is on the envelope or postcard. If you received a notice of this Settlement by email, your Class Member ID is in the email.

Email Address:

[optional] Daytime Phone Number: (______)_____

[optional] Evening Phone Number: (______)

You may select:

III. LOST TIME PAYMENT

Please check off this box for this section if you are electing to seek reimbursement for Lost Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Cyber Incident.

Settlement Class Members who elect to submit a Claim for Lost Time Payment may claim, together with Out-of-Pocket Losses, \$25/hour for time **actually spent** addressing issues arising from the Cyber Incident, up to \$500 total. If you are selecting reimbursement for Lost Time, you must fill in the blanks in this section and attach proof.

Proof of Time. Please check off one of the following two boxes, indicating what form of proof of your lost time you are using to support your request. You **must** provide a form of proof to receive lost time payments.

Please check off this box if you are supporting your request with a written statement. If you have marked this box, you may attach a signed statement **or** fill in the blanks below and sign the certification at the end of this document:

Ι, _	,	actually spent approximately	hours addressing issues arising from the
	(name)	(numb	per)

Cyber	Incident,	including:
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(Note that the more details you can provide in the written statement to support your hours spent addressing the Cyber Incident, the more likely it is that your request will be accepted).

Please check off this box if you are attaching **reasonable documentation of lost time.** Documentation to prove lost time is not required. The documentation must support the amount of time claimed (*e.g.*, a phone record indicating the length of a conversation).

I have attached ______, supporting a claim for the following amount of time: _____ hours (lost time here)

And, if applicable, the following:

IV. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

Please check off this box for this section if you are electing to seek reimbursement for **Out-of-Pocket Losses.** Reimbursement will total no more than \$1,125.00. You must provide reasonable documentation of the claimed Out-of-Pocket Losses.

In order to make a claim for Out-of-Pocket Losses, <u>you must</u> (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section V); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Out-of-Pocket losses need to be deemed fairly traceable to the Cyber Incident by the Settlement Administrator based on the documentation you provide and the facts of the Cyber Incident.

Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Unreimbursed fraud losses or charges	(mm/dd/yy)	\$ <u>.</u>	Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges Your documents:
Professional fees incurred in connection with identity theft or falsified tax returns.	(mm/dd/yy)	\$ <u></u>	Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return Your documents:
Credit freeze	(mm/dd/yy)	\$	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services Your documents:
Credit Monitoring ordered after receipt of the Cyber Incident Notice.	(mm/dd/yy)	\$ <u></u> .	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services Your documents:
Miscellaneous expenses incidental to the Cyber Incident such as credit monitoring or identity theft protection services, notary, fax, postage, gas, copying, mileage, and long- distance telephone charges.	(mm/dd/yy)	\$ <u></u>	Examples: Phone bills; gas receipts; postage receipts; receipts for credit monitoring or identity theft protection services; detailed list of locations to which you traveled (i.e., police station, IRS office), why you traveled there (i.e., police report or letter from IRS re: falsified tax return), and number of miles you traveled to remediate or address issues related to the Cyber Incident Your documents:
Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	(mm/dd/yy)	\$	Examples: Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive tax refund and amount of. Your documents:

Other (provide detailed description)	(mm/dd/yy)	\$ <u></u>	Please provide detailed description below or in a separate document submitted with this Claim Form. Your documents:
			_

If you do not submit reasonable documentation supporting a claim for Out-of-Pocket Losses, or your claim for an Out-of-Pocket Loss payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claims for Lost Time and/or Credit Monitoring and Insurance Services, if such claims are made, will be considered.

V. PAYMENT METHOD

Unless you affirmatively select alternative means for payment, all settlement payments will be digitally sent to you via email. Please ensure you provide a current, valid email address and mobile phone number with your claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment. When you receive the email and/or mobile phone text notifying you of your Settlement payment, you will be provided with a number of digital payment options such as PayPal, Venmo, Apple Pay, Amazon, or direct deposit, to immediately receive your settlement payment. The email and/or text will also give you the option to request a paper check.

VI. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature

Date: _____

Print Name

Questions? Go to <u>www.norwoodcyberincident.com</u> or call 1-877-495-0904.