

SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you received a notice from San Diego American Indian Health Center on or about August 15, 2022 regarding a data security incident that occurred at San Diego American Indian Health Center on May 5, 2022 (the "Data Incident"), or if you otherwise believe you were affected by the Data Incident.

You may receive a payment if you submit a timely and valid Claim Form, the Settlement is approved, and you are found to be eligible for a payment.

The Notice describes your legal rights and options. You can obtain the Notice and further information about the Litigation, the Class Settlement Agreement and Release, and your legal rights and options on the official Settlement website, www.SDAmericanIndianHealthCenterSettlement.com, or by calling 1-888-735-8847.

Your claim must be submitted online or postmarked by December 9, 2024 to be considered for payment. You can submit your claim for a settlement award in two ways:

1. Online at www.SDAmericanIndianHealthCenterSettlement.com by following instructions on the "Submit Claim" page; or
2. By mail to the Claims Administrator at this address:

Ramos v. San Diego American Indian Health Center
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

Only one Settlement Claim may be submitted per Settlement Class Member.

1. CLASS MEMBER INFORMATION (REQUIRED)

Name (First, MI, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email (if any): _____

2. PAYMENT ELIGIBILITY INFORMATION AND IDENTITY-THEFT PROTECTION (REQUIRED)

For more information about this Section of the Claim Form and the types of awards available and rules for receiving an award, please review the Notice and Sections V through VI of the Class Settlement Agreement and Release (available at www.SDAmericanIndianHealthCenterSettlement.com). You may select one of the awards for which you are eligible.

A. Settlement Class Members may receive a check to be estimated to be approximately \$50 Cash Payment Award (subject to proration). If you are claiming a Cash Payment Award, please check this box:

- Cash Payment Award (complete sections 3 and 4)

B. Settlement Class Members may receive thirty-six months (36) of identity-theft protection and fraud resolution services, called "Financial Shield" by Pango. If you are claiming the identity-theft protection, check this box:

Identity-Theft Protection (complete section 4)

3. PAYMENT METHOD

Your payment will be issued for your valid Claim by Paper Check via mail. If you prefer an electronic payment, please submit a Claim online at www.SDAmericanIndianHealthCenterSettlement.com.

4. CERTIFICATION

The information I have supplied in this Claim Form is true and correct to the best of my recollection and this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature: _____

Print Name: _____

Date: _____

Once you have completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by December 9, 2024.

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Email: SDAmericanIndianHealthCenterSettlement@cptgroup.com