Your claim must be submitted online or postmarked by: FEBRUARY 1, 2027

Dillon Clarke, et al., v. Yuma Regional Medical Center,
No. 2:22-cv-01061-PHX-SMB (D. Ariz.)
United States District Court for the District of Arizona

YUMA SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: FEBRUARY 1, 2027

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: "All living individuals who were sent notice of the Data Incident."

Excluded from the Settlement Class are: (i) Yuma; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) any judges assigned to this case and their staff and family; and (iv) any other Person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Data Incidents or who pleads *nolo contendere* to any such charge.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS

Yuma Regional Medical Center ("Yuma") will establish a Settlement Fund of $1,985,000. The Settlement Fund shall pay all costs of Settlement Administration; all Valid Claims; any Service Awards to the Class Representatives; and any attorneys' fees and costs to Class Counsel and Plaintiffs' Counsel. More specifically, the Settlement Fund will pay for the following benefits:

MEDICAL DATA MONITORING. All Settlement Class Members will automatically receive one year of Medical Data Monitoring that includes, among other benefits, $1,000,000.00 in insurance coverage with no deductible.

CASH PAYMENT OPTIONS

Cash Payment A → Documented Monetary Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you may get back up to **$4,000.00.** The losses must have occurred between April 21, 2022, and February 1, 2027.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

You need to send third-party proof, like bank statements or receipts, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or

papers alone <u>are not enough</u> to make a valid claim. Your proof or notes should show that your expenses were because of the Data Incident.

You cannot claim a payment for expenses that have already been reimbursed by a third party.

Cash Payment B → *Pro Rata* Monetary Payment. In addition to, you may also claim a one-time *pro rata* cash payment.

It is expected that a significant amount of money will remain in the Settlement Fund after all expenses and all other benefits have been paid. All of this remaining money will be divided equally between everyone who claims a *Pro Rata* Monetary Payment. This payment depends on the total claims filed.

You do not have to provide any proof or explanation to claim this payment.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@yumasettlement.com
- Call toll free, 24/7: (855) 591-2021

By mail: Yuma Settlement
c/o Settlement Administrator
P.O. Box 1031
Baton Rouge, LA 70821

THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT <u>WWW.YUMASETTLEMENT.COM</u>.

You may also print out and complete this Claim Form, and submit it by U.S. mail.

An electronic image of the completed Claim Form can also be emailed to <u>info@YumaSettlement.com.</u>

You must submit your Claim Form online, by mail, or by email no later than February 1, 2027.

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. Please print legibly.

First Name | Last Name

Street Address

City | State | Zip Code

Email Address | Phone Number | Claim ID (if known)

II. CASH PAYMENT A (DOCUMENTED OUT-OF-POCKET LOSSES)

☐ Check this box if you would like to claim reimbursement for documented losses due to identity theft or fraud You can get back up to $4,000. 00.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	***Amount***
Example: Unauthorized bank transfer	*$500*
TOTAL CLAIMED:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

III. CASH PAYMENT B: *PRO RATA* MONETARY PAYMENT

☐ Check this box if you want to claim a one-time *pro rata* cash payment (the exact number will change depending on how many people submit a claim).

IV. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

☐ **PayPal**
Email address or phone number, if different than you provided in Section 1: _____

☐ **Venmo**
Phone number, if different than you provided in Section 1: _____

☐ **Zelle**
Email address or phone number, if different than you provided in Section 1: _____

☐ **Physical Check**
Payment will be mailed to the address provided in Section 1.

V. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, including supporting documentation, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature	Printed Name	Date