

GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits.

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are an individual who resides in the United States and whose PII and/or PHI was accessed in the October 2021 Family Practice Center Data Incident (“Incident”), including all those who received notice of the breach.

Settlement Class Members may submit a claim form for: (1) 2 years of credit monitoring; (2) Economic Loss Claims – up to a total of \$5,000 per claimant; and (3) Lost Time - \$25 per hour for up to 4 hours (for a total of \$100).

Credit Monitoring Services. All Settlement Class Members have the option to sign-up for the IDX Credit Monitoring Settlement Offering of a two-year period of coverage, which may be additional to any coverage you may already have, for credit monitoring and identity restoration services, regardless of whether or not they were a victim of identity theft or the misuse of their personal health information after the Incident.

Economic Losses. Any Settlement Class Member who spent money to prevent or recover from identity theft or the misuse of their personal health information after the Incident may submit one or more Claims for reimbursement for documented Economic Losses related to the Data Breach that have not been reimbursed any third parties, up to an aggregate total of \$5,000.00 per Settlement Class Member for documented economic losses.

Lost Time Claims. Any Settlement Class Member who spent at least 1 hour of time as a result of the Incident may submit one or more Claims for reimbursement for Lost Time related to the Incident that have not been reimbursed by any third parties, up to an aggregate total of \$100.00 per Class Member (\$25.00/hour for up to 4 hours for lost time).

The total possible cash benefit for documented Economic Loss and Lost Time for all Settlement Class Members is \$725,000, and therefore, your cash benefit for documented Economic Loss and Lost Time may decrease depending on the total number and amount of claims filed.

This Claim Form may be submitted electronically *via* the Settlement Website at www.FamilyPracticeCenterDataIncident.com or completed and mailed, including any supporting documentation, to: Family Practice Center Incident, c/o Claims Administrator, 1650 Arch St, Suite 2210, Philadelphia, PA 19103.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION	
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Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

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Last Name

Street Address

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Zip Code

Telephone Number

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Notice ID Number, if known

II. ECONOMIC LOSSES AND LOST TIME SELECTION

Check this box if you are requesting compensation for **Economic Losses** up to a total of \$5,000.00.

***You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount
Example: Receipt for credit score repair services	\$100
TOTAL AMOUNT CLAIMED:	

- ☐ Check this box if you spent time monitoring accounts or otherwise dealing with issues related to the Incident. You can submit a claim for reimbursement of \$25 per hour up to 4 hours (for a total of \$100).

By checking the box above, you are attesting the activities you performed were related to the Incident.

Indicate the number of hours spent: ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Incident.

Check all activities below which apply. If no box applies, you must provide a written description in the “other” category.

- ☐ Calling bank/credit card customer service lines regarding fraudulent transactions.
- ☐ Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- ☐ Time on the internet verifying fraudulent transactions.
- ☐ Time on the internet updating automatic payment programs due to new card issuance.
- ☐ Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- ☐ Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- ☐ Reviewing or monitoring health insurance statements or accounts for fraudulent activity.
- ☐ Contacting health insurance providers regarding suspicious or fraudulent transactions.
- ☐ Time spent dealing with suspicious or fraudulent use of driver’s license number.
- ☐ Time spent dealing with a fraudulent change-of-address
- ☐ Time spent reviewing the notice of the Data Incident and confirming whether information was impacted by the Data Incident
- ☐ Other. Provide description(s) here:

IV. CREDIT MONITORING SERVICES

- ☐ Check this box if you wish to enroll in credit monitoring services for 2 years, which includes, among other things, \$1,000,000 in identity theft insurance. For those selecting credit monitoring, a “code” will be sent to you **by email** that you will use to enroll. Please be sure to enter an email address, above, or we will not be able to provide the code.

V. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a Settlement payment:

- ☐ **PayPal** - Enter your PayPal email address: _____

- ☐ **Venmo** - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

- ☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

- ☐ **Virtual Prepaid Card** - Enter your email address: _____

- ☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

YOU WILL RECEIVE A VERIFICATION EMAIL REGARDING YOUR DIGITAL PAYMENT. YOU MUST VERIFY AND AUTHENTICATE YOUR PAYMENT INFORMATION IN ORDER TO RECEIVE A DIGITAL PAYMENT. IF YOU DO NOT VERIFY AND AUTHENTICATE YOUR INFORMATION, A PAPER CHECK WILL BE SENT TO YOU.

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of 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. I understand 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