

Your claim must
be submitted
online or
postmarked by:
December 1, 2025

Beloli v. Medical Associates of Brevard
Case No. CACE-25-012989
17th Judicial Circuit Court in and for Broward County, Florida

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DATA INCIDENT SETTLEMENT CLAIM FORM

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Settlement Class this way: “All living individuals residing in the United States whose Private Information may have been impacted in the Data Incident.”

Excluded from the Settlement Class are: (1) MAB and its directors or officers; (2) governmental entities; (3) the Judge in this case, and the Judge’s family and staff; and (4) anyone who validly excludes themselves from the Settlement.

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

AVAILABLE BENEFITS

MAB will provide two benefits to Settlement Class Members: Medical Data Monitoring services and a Cash Payment for Documented Losses. These benefits are explained below.

Medical Data Monitoring. All Settlement Class Members are eligible to enroll in one year of CyEx Medical Shield Pro. This comprehensive service comes with \$1 million of medical identity theft insurance, and includes monitoring for:

- healthcare insurance ID exposure
- Medical Record Number (MRN) exposure
- unauthorized Health Savings Account (HSA) spending

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

Cash Payment for Documented Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you can get back up to **\$1,500.00**. The losses must have occurred between January 24, 2025, and December 1, 2025.

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 related to the theft or fraud
- cost to replace your IDs related to the theft or fraud
- postage to contact banks by mail related to theft or fraud

Questions? Call (844) 496-1203 Toll-Free or Visit www.MedAssociatesBrevardDataBreach.com

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You need to send 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 are not enough 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.

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

- Email: info@MedAssociatesBrevardDataBreach.com
- Call toll free, 24/7: (844) 496-1203
- By mail: MAB Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799

**THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
WWW.MEDASSOCIATESBREVARDATABREACH.COM**

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
info@MedAssociatesBrevardDataBreach.com.

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DATA INCIDENT SETTLEMENT CLAIM FORM

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

Unique ID (if known)

II. MEDICAL DATA MONITORING

☐ Check this box if you would like to enroll in one year of Medical Data Monitoring services.

III. CASH PAYMENT FOR DOCUMENTED LOSSES

☐ Check this box if you would like to claim reimbursement for documented losses related to the Data Incident. You can get back up to \$1,500.00.

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

Description of Documentation Provided	Amount
<i>Example: Unauthorized bank transfer</i>	<i>\$500</i>
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.

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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, if different than you provided in Section 1: _____

☐ **Venmo**

Mobile number, if different than you provided in Section 1: _____

☐ **Zelle**

Email address or mobile number, if different than you provided in Section 1: _____

☐ **Virtual Prepaid Card**

Email address, 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, and any 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