Your claim must be submitted online or postmarked by: December 29, 2025

Brannon v. Rancho Family Medical Group, Inc.
Case No. CVRI2403395
Superior Court of Riverside County, California

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RFMG DATA SETTLEMENT CLAIM FORM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form in connection with the RFMG Data Settlement if you are a Settlement Class Member.

The **Settlement Class** includes: All individuals residing whose PII and/or PHI ("Private Information") may have been compromised in the KMJ Incident that impacted Rancho Family Medical Group, Inc. ("RFMG" or "Defendant") in November 2023.

SETTLEMENT BENEFITS

The following benefits are available to Settlement Class Members:

1) Compensation for Out-of-Pocket Losses: The Settlement Administrator, from the Settlement Fund, will provide compensation, up to a total of $10,000.00 per person who is a member of the Settlement Class, upon submission of a claim and supporting documentation, for out-of-pocket monetary losses incurred as a result of the KMJ Incident, including, without limitation: unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the KMJ Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Settlement Class Members submitting claims for Out-of-Pocket Losses must submit documentation supporting their claims. This can include receipts or other documentation that document the costs incurred, but does not include documentation that is "self-prepared" by the claimant. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

2) Attested Time: The Settlement Administrator, from the Settlement Fund, will provide compensation at a rate of $17 per hour for a maximum of four (4) hours for time spent remedying issues related to the KMJ Incident. Attested Time may include: (i) changing passwords on potentially impacted accounts; (ii) monitoring for or investigating suspicious activity on potentially impacted medical, financial, or other accounts; (iii) contacting a medical provider or financial institution to discuss suspicious activity; (iv) signing up for identity theft or fraud monitoring; or (v) researching information about the KMJ Incident, its impact, or how to protect themselves from harm due to a KMJ Incident.

Settlement Class Members submitting claims for Attested Time must complete the attestation in Section IV.

3) Other Benefits: In addition to the above, all Settlement Class Members are eligible to receive a redemption code valid for 3 years of credit monitoring and identity theft protection services (requires enrollment by a data printed on the notification that you will receive), as well as a Pro Rata Cash Payment from the Settlement Fund not to exceed $1,000.00. **YOU DO NOT NEED TO SUBMIT A CLAIM FORM TO BE ELIGIBLE FOR CREDIT MONITORING SERVICES OR FOR THE PRO RATA CASH PAYMENT.** However, you may submit a claim form indicating your preference as to how to receive your Pro Rata Cash Payment (Section V, below).

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SUBMITTING YOUR CLAIM FORM

Claim Forms may be submitted online at **www.RFMGDataSettlement.com** by **December 29, 2025,** or completed and mailed to: **RFMG Data Settlement, c/o Settlement Administrator, PO Box 25226, Santa Ana, CA 92799 postmarked no later than December 29, 2025.** *Brannon v. Rancho Family Medical Group, Inc.*

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information. If you do not respond and your claim is denied, you will not receive a settlement payment. If you have any questions, please contact the Settlement Administrator by email at **info@RFMGDataSettlement.com** or by mail at the address listed above.

I. CLAIMANT INFORMATION

Provide your contact information and Notice ID below. It is your responsibility to notify the Settlement Admininstrator of any changes to your contact information.

First Name **Last Name**

Street Address

City **State** **ZIP**

Email Address **Phone Number**

II. PROOF OF SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify that you are an individual who may have been involved in the KMJ Incident and were notified that your personal information may have been impacted as a result of the KMJ Incident.

Enter the Settlement Class Member ID Number provided on your Notice:

Settlement Class Member ID : 0 0 0 0 0 ____ ____ ____ ____ ____ ____ ____ ____

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III. COMPENSATION FOR OUT-OF-POCKET LOSSES

☐ Check this box if you are seeking reimbursement for documented Out-of-Pocket Losses, not to exceed $10,000.00 per Settlement Class Member, that were incurred as a result of the Data Incident.

You must submit supporting documentation demonstrating the actual, unreimbursed expenses you are seeking compensation for. Complete the chart below describing the supporting documentation you are submitting, and the compensation amount(s) you are seeking.

Description of Documentation Provided	***Amount***
Example: Statement demonstrating unreimbursed bank fees	*$40*
Total Documented Out-of-Pocket Losses:	

IV. COMPENSATION FOR ATTESTED TIME

☐ **Attested Time**. Are you claiming a cash payment for up to $68.00 for Attested Time spent dealing with the KMJ Incident ($17 per hour, up to 4 hours)? If yes, fill out section below.

☐ I affirm that I spent time dealing with the effects or perceived effects of the KMJ Incident, including by: (i) changing passwords on potentially impacted accounts; (ii) monitoring for or investigating suspicious activity on potentially impacted medical, financial, or other accounts; (iii) contacting a medical provider or financial institution to discuss suspicious activity; (iv) signing up for identity theft or fraud monitoring; or (v) researching information about the KMJ Incident, its impact, or how to protect myself from harm due to a KMJ Incident.

Time Spent: (maximum of 4 hours) x $17/hour = $ _____

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V. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **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 account: _____

☐ **E-Mastercard -** Enter your email address: _____

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

VI. AFFIRMATION & SIGNATURE

By signing below and submitting this Claim Form I swear under penalty of perjury under the laws of the United States that I am a Settlement Class Member and that the information in this Claim Form 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: _____