

Must be postmarked or submitted online NO LATER THAN DECEMBER 01, 2025 Eastern Radiologists Data Incident Claims Administrator P.O. BOX 3076 PORTLAND, OR 97208-3076 www.EasternRadiologistsSettlement.com

# Powers, et al., v. Eastern Radiologists, Inc., Claim Form Case No. 24CVS772

#### GENERAL INFORMATION

If you received Notice of this Settlement, the Claims Administrator identified you as a potential member of the Settlement Class because you were identified by Eastern Radiologists, Inc. ("Defendant") involving a Cybersecurity Incident suffered by Defendant where cybercriminals potentially accessed Defendant's systems containing your Private Information, discovered by Defendant on or around November 24, 2023. The Private Information includes any combination of names, Social Security numbers, home addresses, phone numbers, dates of birth, financial account numbers, driver's license numbers, patient account numbers, billing account numbers, health insurance plan member ID, medical record number, dates of service, provider names, medical treatment information, or other sensitive personal information.

You may submit a Claim Form for Settlement benefits, outlined below, by visiting the Settlement website at www.EasternRadiologistsSettlement.com. Claims must be submitted online or mailed by December 01, 2025. If you would prefer to submit by mail, please use the address at the top of this form.

### SETTLEMENT BENEFITS – WHAT YOU MAY GET

## You may submit a Claim for one of the Cash Payment options:

A. Expense Reimbursement: You may submit a Claim Form and provide receipts or other reasonable documentation for unreimbursed losses related to the Cybersecurity Incident for up to \$5,000 per Settlement Class Member. Supporting documentation is required, and self-prepared documents are, on their own, insufficient.

Claims for Out-of-Pocket Losses may be reduced pro rata (a legal term meaning equal share) in the unlikely event that the amount of Valid Claims for Out-of-Pocket Losses exceeds \$200,000.

OR

B. <u>Alternative Cash Payment</u>: Instead of Cash Payment A, without providing documentation, you may submit a Claim Form to receive a pro rata (a legal term meaning equal share) payment from the Common Fund after all costs associated with the Settlement have been paid. If all costs and payments exceed the Settlement Fund amount, this option could result in no payment.

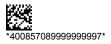
#### AND

<u>Medical Monitoring</u>: In addition to Expense Reimbursement *or* Alternative Cash Payment, you may also submit a Claim Form to receive one year of free Medical Monitoring.

\* \* \*

Please note: the Claims Administrator may contact you to request additional documents to process your Claim. For more information and complete instructions visit www.EasternRadiologistsSettlement.com.

Please note that Settlement benefits will be distributed after the Settlement is approved by the Court and becomes Final.



Contact Information																														
1.	NA	M	E (	RI	ΕQI	UIF	REI	):																						
First Name							,	MI	_	Last Name																				
2.	M	ΑI	LIN	١G	ΑI	DDI	RE	SS	(RI	E <b>Q</b> I	UIF	RE	D):																	
Str	eet A	ddr	ess		_	_	1		,	1	1		1		,															
Apt	. No	).			_	_	1	1	,	,	1				,	1	,					_								
																										ot	L			
City	У	_	1	1	,	,	1	1	1	_	1	1	1		1	1	ı			_	_	7	Sta	te	7	ZIP	Co	de		
3.	PF	[0]	NE	N	UM	BE	R:					_																		
			_				_																							
4.	EN	ЛA	IL	Al	DD]	RE	SS:					_																		
<u> </u>	UN	VI (	<b>)</b> Ul	ΕI	D:																									
<u> </u>					<u>.                                    </u>	Τ	1		1	]																				
										J																				
											Me	edic	cal	Μo	nit	orir	ng S	erv	vice	es										
							Yoı	ı mc	ıy bo	e eli									Moi		ring	g sei	rvic	es.						
A	ll Se	ttle	mei	nt C	Class	s me	emb	ers a	are e	eligi	ible	to c	lain	ı M	ledio	cal N	Mon	itor	ring	serv	vice	s.								
Pl	ease	e se	lect	the	che	eckb	ox į	f yo	u w	ant	the.	Мес	lica	l M	onit	orin	ig se	ervi	ces	for	whi	ch y	ou	are	elig	gible	? <b>.</b>			
	]	Me ema	dica	ıl N ntei	Ioni red i	<b>itor</b> in th	ing ne al	ser oove	vice e sec	s: I	wai n.	nt to	rec	ceiv	e tv	velv	e fro	ee n	nont	ths (	of N	Лed	ical	Mo	nito	rinș	g se	rvic	es a	t the
or	hoi	ne	add	lres.	s âf	ter	the	Seti		ent	is f	ìnai																		dress g for

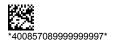
# **Expense Reimbursement - Documented Expenses**

If you lost or spent money relating to the Cybersecurity Incident and have not been reimbursed for the loss/expenses through any other source, you may receive reimbursement for up to \$5,000 total. Eligible expenses include those incurred after November 20, 2023, and prior to the Effective Date.

You <u>must</u> provide documents supporting the claimed loss to be eligible for reimbursement. Documentation must show what happened and how much you lost or spent. "Self-prepared" documents like handwritten receipts, personal certifications, or affidavits prepared by you are insufficient for reimbursement but can be used to add clarity or support other submitted documentation.

To look up more details about how the Expense Reimbursement works, visit **www.EasternRadiologistsSettlement.com** or call toll-free **1-888-884-2391**. Please also review the Long Form Notice on the Settlement Website, which provides examples of what documents you need to attach and the types of expenses that can be claimed. *By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data incidents or breaches.* 

Questions? Go to www.EasternRadiologistsSettlement.com or call 1-888-884-2391.



Supporting Documents (Identify what you are attaching)	Amount and Date	Description of Expense or Money Spent (Identify what expense you incurred and how it's related to the Data Incident)					
Unreimbursed Expenses  Examples: Statements of costs, expenses, losses, or charges as a result of falsified tax returns, Bank statements with fees, such as card reissuance, unreimbursed overdraft, and late fees, falsified tax returns	\$						
Unreimbursed Credit Monitoring  Examples: Costs of credit report(s), credit monitoring, freezing/unfreezing credit reports, and/or other identity theft insurance products purchased	\$						
Other Losses or Costs Resulting from Identity Theft or Fraud  Examples: Cost of postage, gas for local travel, or interest on payday loans due to card cancellation	\$ Date:    Date:						



Alternative Cash Payment
If you do not want to claim reimbursement for Out-of-Pocket Losses, you may instead claim a pro rata (a legal term meaning equal share) payment from the Common Fund after all costs associated with the Settlement have been paid. If all costs and payments exceed the Settlement Fund amount, this option could result in no payment.
By checking this box, I affirm I want to receive an Alternate Cash payment.
Payment Selection
If eligible for a cash payment, please select one of the below methods of payment. If digital payment is selected (e.g., an ACH direct deposit or prepaid debit card), the payment method details and instructions will be sent to the email address provided in the Contact Information on your Claim Form. If digital payment is <i>not</i> selected, a physical check will be mailed to the address in the Contact Information on your Claim Form.
☐ Check ☐ Digital Payment
Signature Signature Signature
I affirm under the laws of North Carolina and the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my Claim are true and correct to the best of my knowledge and that any claimed losses resulted from the Cybersecurity Incident.
I understand that I may be asked to provide more information by the Claims Administrator before my Claim is complete.
Date: MM DD YYYY
Signature
Print Name