Your claim must be submitted online or postmarked by: April 14, 2026

CLAIM FORM FOR KRENK ET AL DATA BREACH

Krenk et al. v. Murfreesboro Medical Clinic, P.A. d/b/a/ Murfreesboro Medical Clinic & Surgicenter
Case No.: 75CC1-2023-CV-81005
16th Judicial Circuit Court, Rutherford County, Tennessee

MMC-C

GENERAL INSTRUCTIONS

If you received Notice of this settlement, the Claims Administrator identified you as a Settlement Class Member who was notified by Murfreesboro Medical Clinic, P.A. dba Murfreesboro Medical Clinic & Surgicenter ("MMC") that MMC experienced a "sophisticated criminal cyber-attack" to its information technology computer network systems during which the personally identifiable information ("PII") and protected health information ("PHI") (together, "Private Information") of Plaintiffs and Settlement Class Members may have been compromised (the "Data Breach"). You may submit a claim for settlement benefits, outlined below. Please refer to the Long Notice posted on the Settlement Website www.mmcsettlement.com, for more information on submitting a Claim Form.

If you wish to receive credit monitoring, or seek compensation for out-of-pocket ordinary losses or lost time spent dealing with the Data Breach, you must submit the Claim Form below by April 14, 2026.

This Claim Form may be submitted electronically via the Settlement Website at www.mmcsettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Settlement Administrator – 83284
c/o Kroll Settlement Administration LLC
PO Box 225391
New York, NY 10150-5391

You may submit a claim for the following benefits:

1) **Compensation for Out-of-Pocket, Unreimbursed Expenses:** All Settlement Class Members may submit a claim for up to $500 for reimbursement of unreimbursed out-of-pocket ordinary losses as a result of the Data Breach purchased between the date of the Data Breach and April 14, 2026; Settlement Class Members submitting claims for out-of-pocket losses must submit documentation supporting their claims and an attestation under penalty of perjury, which is part of this Claim Form.

2) **Compensable Lost Time:** Settlement Class Members with time spent remedying issues related to the Data Breach may receive reimbursement of $25 per hour up to two hours (for a total of $50 as part of the $500 maximum for out-of-pocket reimbursements and lost time) with an attestation under penalty of perjury, including a brief description of the action(s) taken in response to the Data Breach, but no documentation is required. If the total of Valid Claims for compensable lost time exceeds $200,000, each claim shall be reduced pro rata (decreased based on number of Valid Claims).

3) **Credit Monitoring:** In addition to the benefits above, Defendant will offer Settlement Class Members two (2) years' credit monitoring and identity theft protection services from Experian, including at least $1,000,000 in identity theft insurance, at no cost to you. You must submit a timely and valid Claim Form to receive this benefit.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

_____ _____

First Name **Last Name**

_____

Address 1

_____

Address 2

_____ ___ ___ ___ ___ ___ ___ ___

City **State** **Zip Code**

Email Address (optional): _____@_____

Telephone Number: **(** ____ ____ ____ **)** ____ ____ ____ - ____ ____ ____ ____

II. PROOF OF DATA BREACH SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify that you were notified by MMC in 2023 that your Personal Information may have been impacted as a result of the Data Breach.

Enter the Settlement Class Member ID Number provided on the Short Notice you received in the mail about this Settlement:

Settlement Class Member ID : 8 3 2 8 4 ____ ____ ____ ____ ____ ____ ____ ____

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III. COMPENSATION FOR OUT-OF-POCKET LOSSES

All Settlement Class Members are eligible to recover compensation for up to $500 per person for documented but unreimbursed out-of-pocket losses incurred as a result of the Data Breach, including:

Out-of-pocket losses incurred as a direct result of the Data Breach, including but not limited to:

(i) 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 mailing of the notice of Data Breach, through the date of claim submission; and

(ii) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

You must submit documentation to obtain this reimbursement.

☐ I have attached documentation showing that my claimed losses that I believe were more likely than not caused by the Data Breach. I have submitted reasonable documentation that each such out-of-pocket expense and charge I have claimed was both actually incurred and plausibly arose from the Data Breach. Failure to provide supporting documentation of the out-of-pocket expenses referenced above, as requested on the Claim Form, shall result in denial of a claim. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support other submitted documentation.

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Cost Type (Fill all that apply)	**Approximate Date of Out-of-Pocket Loss**	**Amount of Out-of-Pocket Loss**	**Description of Supporting Reasonable Documentation** (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	$50.00	Copy of identity theft protection service bill
	___/___ ___/___ ___ (mm/dd/yy)	$_____.____	
	__ ___/___ ___/___ ___ (mm/dd/yy)	$_____.____	
	__ ___/___ ___/___ ___ (mm/dd/yy)	$_____.____	

V. COMPENSATION FOR LOST TIME

☐ **Lost Time**. Are you claiming a cash payment for up to $50 for attested time spent dealing with the Data Breach ($25 per hour, up to 2 hours)? If yes, fill out section below.

☐ I affirm that I spent time dealing with the effects or perceived effects of the Data Breach, and provide below a brief description of (1) the actions taken in response to the Data Breach, (2) when they were taken, and (3) the time associated with each action on which my time was spent, and stating the amount of time (up to 2 hours) that I spent dealing with the effects of the Data Breach.

Time Spent: (maximum of 2 hours) x $25/hour = $. _____ _____

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VI. CREDIT MONITORING

☐ **2 years of Identity Theft Protection Services**

Check the box above if you wish to receive 2 years of credit monitoring and identity theft protection services (including $1,000,000 in identity theft insurance) at no cost to you. If your claim is approved you will receive an activation for the service by mail or email, along with instructions on how to activate the service. If you select this benefit, you may also claim reimbursement for out-of-pocket losses and lost time.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws 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.

_____ ____ ____ / ____ ____ / ____ ____ ____ ____
Signature Date

_____
Print Name