

ProSmile Data Security Incident Settlement  
c/o Settlement Administrator  
P.O. Box 25226  
Santa Ana, CA 92799

**Your Claim Form Must Be Submitted  
Electronically or Postmarked by  
September 25, 2025**

United States District Court for the District of New Jersey  
*Middleton v. ProSmile Holdings, LLC*  
Civil Litigation No. 3:24-cv-0053-RK-TJB

### **SETTLEMENT PAYMENT CLAIM FORM**

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT  
WWW.PROSMILESETTLEMENT.COM OR POSTMARKED NO LATER THAN  
SEPTEMBER 25, 2025.**

**ATTENTION:** This Claim Form may be used by individuals who received direct notice from ProSmile Holdings, LLC (“ProSmile” or “Defendant”) that their personally identifiable information may have been implicated in the unauthorized access to ProSmile’s data environment which occurred on or about July 7, 2022 (“Data Incident”). All Settlement Class Members are eligible to claim: (i) up to five thousand dollars (\$5,000) reimbursement of documented out-of-pocket losses that are reasonably traceable to the Data Incident (“Documented Out-of-Pocket Losses”); and (ii) a pro rata cash payment (“Pro Rata Cash Payment”). Certain Settlement Class Members whose Social Security Number was exposed in the Incident are also eligible for a Social Security Number Payment of no more than \$5,000.00, subject to reduction *pro rata*.

To submit an Approved Claim, you must have been identified as a Settlement Class Member and received a Postcard Notice of this Settlement with a **unique Notice ID**. You are a Settlement Class Member if you received direct notice that your Personal Information may have been implicated in the Data Incident.

You may file a claim for reimbursement for Documented Out-of-Pocket Losses. Documented Out-of-Pocket Losses consist of actual, documented out-of-pocket monetary losses, up to five thousand dollars (\$5,000).

In addition to seeking reimbursement for Documented Out-of-Pocket Losses, you may also make a claim for a Pro Rata Cash Payment.

If you have been notified by ProSmile Holdings, LLC that your Social Security Number was exposed, you can also elect for a Social Security Number Impact Payment of no more than **\$500.00**, instead of the Pro Rata Cash Payment. The Claims Administrator will verify that you are eligible for this claim. If you are eligible and elect for a Social Security Number Impact Payment, you cannot receive money under the Pro Rata Cash Payment.

**PLEASE BE ADVISED** that any documentation you provide in support of your Documented Out-of-Pocket Losses claim must be submitted **WITH** this Claim Form. No documentation is required for claiming the Pro Rata Cash Payment or the Social Security Number Payment.

**CLAIM VERIFICATION:** All claims are subject to verification. You will be notified if additional information is needed to verify your claim.

**ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement Website at [www.prosmilesettlement.com](http://www.prosmilesettlement.com) for additional information or call **1-833-285-3424**.

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.**

**Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.**

**REGISTRATION**

First Name

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Last Name

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Address 1 (street name and number)

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Address 2 (apartment, unit, box number)

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City

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State

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ZIP Code

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Telephone Number (You may be contacted if further information is required.)

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Email Address

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**Please provide the Notice ID identified in the Postcard Notice that was mailed to you:**

<b>CLASS MEMBER ID:</b>																				
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*Instructions. Please follow the instructions below and answer the questions as instructed.*

## **CLAIM INFORMATION**

### **Section A. Confirm Your Eligibility**

Did you receive a Notice ID indicating that you may be a member of the Settlement Class?

**YES**

☐

**NO**

☐

*If YES, continue to the next question. If NO, you are not a member of the Settlement Class and do not qualify to file a claim.*

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### **Section B. Reimbursement for Documented Out-of-Pocket Losses**

You may submit a claim for reimbursement of documented out-of-pocket losses reasonably traceable to the Data Incident.

If it is verified that you meet all the criteria described in the Settlement Agreement and you submit the dollar amount of those losses along with sufficient documentation, you will be eligible to receive a payment compensating you for your losses of up to five thousand (**\$5,000**).

Examples of documentation that can be used to support your claim include: receipts, account statements, etc. You may also support your claim by submitting information on the Claim Form that describes the expenses and how they were incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

Providing documentation for your claimed losses does not guarantee that you will be entitled to receive the full amount claimed. All Approved Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

Payment for your Approved Claim will be paid directly to you electronically if submitted online, unless you request to be paid by check as indicated below.

**If you expended money as a result of fraud or identity theft reasonably traceable to the Data Incident, you are eligible to receive reimbursement for those documented, out-of-pocket losses. Examples include, 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 November 9, 2023; and
- Other expenses reasonably attributable to the Data Incident, such as notary, data charges (if charged based on the amount of data used) fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges.

For each loss that you believe can be traced to the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide this information for this Claim Form to be processed.** Supporting documentation must be submitted alongside this Claim Form. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at [www.prosmilesettlement.com](http://www.prosmilesettlement.com). Please do not directly communicate with ProSmile regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Examples of documentation include receipts for identity theft protection services, etc.

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Unauthorized credit card charge	<div> <div> <div></div> <div></div> </div> <div>-</div> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div> <div>M</div> <div>D</div> <div>Y</div> </div> <div> <div>M</div> <div>D</div> <div>Y</div> </div> </div>	\$50.00	Letter from Bank
Example: Fees paid to a professional to remedy a falsified tax return	<div> <div> <div></div> <div></div> </div> <div>-</div> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div> <div>M</div> <div>D</div> <div>Y</div> </div> <div> <div>M</div> <div>D</div> <div>Y</div> </div> </div>	\$25.00	Copy of the professional services bill
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By checking the box below, I hereby declare under penalty of perjury that the information provided in this Claim Form to support the claimed Documented Out-of-Pocket Losses is true and correct.

☐ **Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking relief for Documented Out-of-Pocket Losses under penalty of perjury. I further understand that my failure to check this box may render my claim for Documented Out-of-Pocket Losses null and void.**

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### Section C. Pro Rata Cash Payment

In addition to compensation for Documented Out-of-Pocket Losses, you may also make a claim for a Pro Rata Cash Payment.

The amount of this pro rata cash payment may increase or decrease depending upon the number of Approved Claims made. *If you elect a Pro Rata Cash Payment, you cannot claim under the Social Security Number Impact Payment bucket.*

By checking the box below, I choose a Pro Rata Cash Payment.

☐ **Yes, I choose a Pro Rata Cash Payment.**

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### Section D. Social Security Number Impact Payment

Did you receive notice, with your Notice ID, that you were one of several individuals who had their Social Security Number exposed in the Data Incident?

**YES**

**NO**

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☐

*If yes, continue to the next question. If no, your Social Security Number was not exposed in the Incident and you are not eligible for this bucket of relief.*

In addition to the Documented Out-of-Pocket Losses and Pro Rata Cash Payment, you may also make a claim for up to \$500.00 as a Social Security Number Impact Payment. The full amount of any benefit

paid under this heading may decrease depending upon the number of Approved Claims made. *If you elect for a payment under the Social Security Number Impact Payment, you cannot receive any funds under the Pro Rata cash Payment bucket.*

By checking the box below, I choose to receive up to \$500.00 as a Social Security Number Impact Payment

☐

**Yes, I choose to receive up to \$500.00 as a Social Security Number Impact Payment instead of a Pro Rata Cash Payment.**

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### Section E. Settlement Class Member Affirmation

By submitting this Claim Form and checking the box below, I declare that I received notification from ProSmile that my personally identifiable information may have been implicated in the Data Incident. I declare that the claim of losses I have submitted are reasonably traceable to the Data Incident.

I understand that my claim and the information provided above will be subject to verification.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my claim consists of unaltered documents in my possession.

☐

**Yes, I understand that my failure to check this box may render my claim null and void.**

### PAYMENT OPTIONS

**BY MAIL:** If you submit this Claim Form by mail and your claim is approved, you will receive a paper mailed check to the address you provide on this form.

**DIGITAL:** If you submit a Claim Form electronically on the [www.prosmilesettlement.com](http://www.prosmilesettlement.com) website, and do not submit a Claim Form by mail, you will have the option to select a digital payment via PayPal, Venmo, or Zelle. A digital payment option is only available on the website.

Please include your name in both the Signature and Printed Name fields below.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE MAILED BY OR RECEIVED  
ONLINE AT [WWW.PROSMILESETTLEMENT.COM](http://WWW.PROSMILESETTLEMENT.COM) NO LATER THAN SEPTEMBER 25,  
2025.**