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Your claim must be
submitted online or
postmarked by:
AUGUST 27, 2025

SETTLEMENT CLASS MEMBER CLAIM FORM

Rebecca Miller et. al., v. Arisa Health, Inc.
Case No. 36CV-24-177
Circuit Court of Johnson County, Arkansas

ARISA-C

GENERAL INSTRUCTIONS

If you received a Short Notice, you are one of the Settlement Class Members whom Defendant has identified as being impacted as a result of the Incident. As such, you may submit a Settlement Claim for Settlement benefits, as outlined below. Please refer to the Long Notice posted on the Settlement Website, www.ArisaHealthDataIncident.com for more information on submitting a Claim Form.

If you wish to receive a monetary payment from this Settlement via an electronic payment, you must submit your Claim Form electronically at www.ArisaHealthDataIncident.com by August 27, 2025.

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, by U.S. mail to:

Claims Administrator – Case ID 83163
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

As a Settlement Class Member, you may submit a Settlement Claim for one or more of the benefits below:

- 1. Credit Monitoring:** All Settlement Class Members are eligible to make a Settlement Claim for three (3) years of one bureau credit monitoring services, regardless of whether the Settlement Class Member submits a Settlement Claim for reimbursement of documented losses, or a *pro rata* cash payment. **You must provide an email address to receive the enrollment code for credit monitoring.**
- 2. Documented Losses:** Settlement Class Members may submit a Settlement Claim for documented losses and expenses fairly traceable to the Incident, up to \$5,000 per individual **with submission of documentation** supporting their claims.
- 3. Pro Rata Cash Payment:** Settlement Class Members can elect to make a Settlement Claim for a cash payment, estimated to be **\$70**. To receive this cash payment, Settlement Class Members must submit a valid Claim Form, but no documentation is required to make this claim.
 - The amount of cash payments will be increased or decreased on a *pro rata* basis, depending upon the number of valid claims filed and the amount of funds available for these payments. In other words, the cash payment will be increased or decreased after payment of Administration Costs, attorneys' fees, Class Representative Service Awards, and all valid claims for documented losses or expenses and credit monitoring to ensure the Settlement Fund is fully exhausted.

Questions? Go to www.ArisaHealthDataIncident.com or call (833) 420-3948



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I. PAYMENT SELECTION

If you would like to receive your Settlement payment electronically, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. 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: _____ @ _____

Telephone Number: (_____) _____ - _____

III. PROOF OF INCIDENT SETTLEMENT CLASS MEMBER MEMBERSHIP

- ☐ Check this box to certify that you are an individual Arisa identified as being among those individuals impacted by the Incident, including all who were sent a notice of the Incident.

Enter the Class Member ID number provided on your Short Notice:

Class Member ID : 83163 _____

IV. CREDIT MONITORING SERVICES

- ☐ 3 years of One Bureau Credit Monitoring Services

All Settlement Class Members are eligible to make a Settlement Claim for three (3) years of one bureau credit monitoring services, regardless of whether the Settlement Class Member submits a Settlement Claim for reimbursement of documented losses, or a *pro rata* cash payment. **You must provide an email address above to receive the enrollment code for credit monitoring.**

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V. DOCUMENTED LOSSES

Settlement Class Members may submit a Settlement Claim for documented losses and expenses fairly traceable to the Incident, up to \$5,000 per individual with submission of documentation supporting their claims.

Documented losses incurred as a direct result of the Incident include, but not limited to, the following:

- (i) unreimbursed losses relating to fraud or identity theft;
- (ii) credit monitoring costs that were incurred on or after the Incident through the date of claim submission; and
- (iii) bank fees, long distance phone charges, postage, or gasoline for local travel.

You must submit documentation to obtain this reimbursement.

☐ I incurred documented losses or expenses, and have attached documentation showing that the documented losses were more likely than not caused by the Incident. I have submitted reasonable documentation that the documented losses and charges were both actually incurred and plausibly arose from the Incident. Failure to provide supporting documentation of the documented losses referenced above, as requested on the Claim Form, shall result in denial of a Settlement 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.

Cost Type (Fill all that apply)	Approximate Date of Documented Losses	Amount of Documented Losses or Expenses	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 2 3 (mm/dd/yyyy)	\$50.00	Copy of identity theft protection service bill
	__ __/__ __/__ __ __ __ (mm/dd/yyyy)	\$ _____. ____	
	__ __/__ __/__ __ __ __ (mm/dd/yyyy)	\$ _____. ____	
	__ __/__ __/__ __ __ __ (mm/dd/yyyy)	\$ _____. ____	
	__ __/__ __/__ __ __ __ (mm/dd/yyyy)	\$ _____. ____	
	__ __/__ __/__ __ __ __ (mm/dd/yyyy)	\$ _____. ____	

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VI. PRO RATA CASH PAYMENT

By checking the below box, I choose a *pro rata* cash payment from the remaining amount in the Settlement Fund. The cash payment is estimated to be \$70, but the final amount of cash payments will be increased or decreased on a *pro rata* basis, depending upon the number of valid claims filed and the amount of funds available for these payments. In other words, the cash payment will be increased or decreased after payment of Administration Costs, documented losses and credit monitoring to ensure the Settlement Fund is fully exhausted. **You may submit a claim for more than one Settlement benefit.**

☐ Yes, I choose a *pro rata* cash payment

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

