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**Must be postmarked
or submitted online
NO LATER THAN
DECEMBER 29, 2025**

Medusind Data Incident
SETTLEMENT ADMINISTRATOR
P.O. BOX 3236
PORTLAND, OR 97208-3236
www.MedusindDataIncidentSettlement.com

Ashley Owings v. Medusind, Inc., Claim Form
Case No. 1:25-CV-20117-RAR

GENERAL INFORMATION

If you were sent notice that your Private Information was impacted in the Data Incident that occurred on or about December 29, 2023, involving Medusind, Inc., you may be entitled to Settlement Class Member Benefits from a Settlement.

You may submit a Claim Form for Settlement Class Member Benefits, outlined below, by visiting the Settlement Website at www.MedusindDataIncidentSettlement.com. **Claims must be submitted online or mailed by December 29, 2025. If you would prefer to submit by mail, please use the return address at the top of this form.**

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a Claim for a Cash Payment option including the following:

1. **Cash Payment A – Documented Losses:** You may submit a Claim Form and provide reasonable documentation for losses related to the Data Incident for up to \$5,000 per Settlement Class Member. Supporting documentation is required.

OR

2. **Cash Payment B – Alternate Cash Payment:** Instead of Cash Payment A, without providing documentation, you may submit a Claim Form to receive an alternate cash payment in the *estimated* amount of \$100.

AND

3. **California Statutory Award:** The California Settlement Subclass includes Settlement Class Members residing in California on December 29, 2023. In addition to Cash Payment A or Cash Payment B, members of the California Settlement Subclass may elect to receive an additional California Statutory Award in the *estimated* amount of \$100.

Your Cash Payment may be subject to a *pro rata* (a legal term meaning equal share) increase or decrease depending upon the total value of all Valid Claims submitted.

AND

Credit Monitoring: In addition to a Cash Payment A (Documented Losses) *or* a Cash Payment B (Alternate Cash Payment) and a California Statutory Award (if eligible), you may also submit a Claim Form to receive two years of free Credit Monitoring.

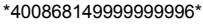
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Please Note: The Settlement Administrator may contact you to request additional documents to process your Claim.

For more information and complete instructions, visit www.MedusindDataIncidentSettlement.com.

Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes final.

Questions? Go to www.MedusindDataIncidentSettlement.com or call 1-888-885-6687.



First Name

[illegible]

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Last Name

[illegible][illegible][illegible][illegible]

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[illegible][illegible]

You may be eligible to receive free Credit Monitoring services.

Please select the checkbox if you want the Credit Monitoring services for which you are eligible.

☐

If you select this option, you will be sent instructions and an activation code to your provided email address or home address after the Settlement is final. Enrollment in this service will not subject you to marketing for additional services or any required payments.

To look up more details about how the Cash Payments work, visit **www.MedusindDataIncidentSettlement.com** or call toll-free **1-888-885-6687**. 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.*

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Expense Type and Examples of Documents	Amount and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft. <i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Other losses or costs resulting from identity theft or fraud (provide detailed description) fairly traceable to the Data Incident. <i>Examples: Account statement with unauthorized charges circled; bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the Data Incident. <i>Examples: Phone bills, receipts, detailed list of addresses you traveled to (e.g., police station, IRS office), reason why you traveled there (e.g., police report or letter from IRS re: falsified tax return) and number of miles you traveled</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Cash Payment B -- Alternate Cash Payment

Instead of Cash Payment A, without providing documentation, you may elect to receive an alternate cash payment in the *estimated* amount of \$100. Your Alternate Cash Payment may be subject to a *pro rata* (a legal term meaning equal share) increase or decrease depending upon the total value of all Valid Claims submitted.

☐ By checking this box, I affirm I want to receive an Alternate Cash Payment in the *estimated* amount of \$100.00.

California Statutory Award

The California Settlement Subclass includes Settlement Class Members residing in California as of December 29, 2023. In addition to Cash Payment A or Cash Payment B, members of the California Settlement Subclass may also elect to receive an additional California Statutory Award in the *estimated* amount of \$100.

☐ By checking this box, I affirm I am a member of the California Settlement Subclass and want to receive the California Statutory Award in the *estimated* amount of \$100.

Questions? Go to www.MedusindDataIncidentSettlement.com or call 1-888-885-6687.



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Payment Election

If your claim is deemed eligible for payment, please select how you would like your payment:

- ☐ I would like to receive my payment via check; OR
- ☐ I would like to receive my payment via a digital payment option.

Signature

By signing my name, I affirm under the penalty of perjury and laws of 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.

I understand that I may be asked to provide more information by the Settlement Administrator before my Claim is complete.

Signature

Date: - -
MM DD YYYY

Print Name

Questions? Go to www.MedusindDataIncidentSettlement.com or call 1-888-885-6687.