

Your claim must  
be submitted  
online or  
postmarked by:  
May 28, 2026

**Cooper, et al. v. Rebound Orthopedics & Neurosurgery P.C.**

Case No. 25-2-00545-06  
Superior Court for Clark County, Washington

**DATA INCIDENT SETTLEMENT CLAIM FORM**

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**GENERAL INSTRUCTIONS**

**Who is eligible to file a claim?** The court has defined the Class as: "All living individuals residing in the United States whose Private Information may have been accessed in the Data Incident, including all those who were sent a notice by Defendant that their Private Information may have been impacted by the Data Incident."

**Excluded from the Settlement Class** are: (a) all persons who are directors, officers, and agents of Defendant; (b) governmental entities; (c) the Judge assigned to the Action, that Judge's immediate family, and Court staff; and (d) anyone who validly excludes themselves from the Settlement.

**COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH  
TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS**

**AVAILABLE BENEFITS**

Rebound has agreed to create a \$2,500,000.00 Settlement Fund. This fund will be used to pay for all costs of the settlement, and for the Settlement Class Benefits that are explained below.

All Settlement Class Members may claim **Medical Data Monitoring** and **one** of two **Cash Payment** options. The benefits are explained in more detail below.

**MEDICAL DATA MONITORING.** All Settlement Class Members are eligible to enroll in two years of CyEx Medical Shield Complete. This comprehensive service comes with \$1 million of credit and medical identity theft insurance, and includes monitoring for:

- healthcare insurance ID exposure
- Medical Record Number (MRN) exposure
- unauthorized Health Savings Account (HSA) spending

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems if you enroll.

**CASH PAYMENTS.** Settlement Class Members who have documented losses may claim **Cash Payment A – Documented Losses**. Alternatively, you may claim **Cash Payment B – Alternate Cash** in the estimated amount of \$75.00.

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**Cash Payment A – Documented Losses.** If you incurred actual, documented out-of-pocket losses due to the Data Incident, you can get back up to **\$5,000.00**. The losses must have occurred between February 1, 2024, and **May 28, 2026**.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

You need to send proof, like receipts, to show how much you spent or lost. Your personal certifications, declarations, or affidavits do not constitute reasonable documentation to make a valid claim, but you may include that to provide clarification, context, or support for other submitted reasonable documentation showing that your expenses were because of the Data Incident.

You cannot claim a payment for expenses that have already been reimbursed by a third party.

**-OR-**

**Cash Payment B – Alternate Cash.** Instead of Cash Payment A, you may claim a one-time estimated **\$75.00** cash payment. This amount may be adjusted upwards or downwards based on the number of Settlement Class Members who ultimately file a Claim. You do not have to provide any proof or explanation to claim this payment.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: [info@ReboundDataSettlement.com](mailto:info@ReboundDataSettlement.com)
- Call toll free, 24/7: 1-833-647-9008
- By mail: Rebound Data Incident Settlement  
c/o Settlement Administrator  
P.O. Box 25226  
Santa Ana, CA 92799-9958

**THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE USING YOUR UNIQUE ID AND PIN AT  
[www.ReboundDataSettlement.com](http://www.ReboundDataSettlement.com).**

You may also print out and complete this Claim Form, and submit it by U.S. mail.

**You must submit your Claim Form online or by mail no later than May 28, 2026.**

**Questions? Call 1-833-647-9008 Toll-Free or Visit [www.ReboundDataSettlement.com](http://www.ReboundDataSettlement.com)**

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**I. CLASS MEMBER NAME AND CONTACT INFORMATION**

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Class Member ID (if known)

**II. CREDIT AND MEDICAL DATA MONITORING**

Check this box if you would like to enroll in two years of Credit and Medical Data Monitoring.

**III. CASH PAYMENT A – DOCUMENTED LOSSES**

Check this box if you would like to claim reimbursement for documented losses due to identity theft or fraud. You can get back up to \$5,000.00. **DO NOT CLAIM THIS PAYMENT IF YOU ARE CLAIMING A PAYMENT FROM SECTION IV.**

*Please complete the table below, describing the supporting documentation you are submitting.*

<b>Description of Documentation Provided</b>	<b>Amount</b>
Example: Unauthorized bank transfer	\$500

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

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#### **IV. CASH PAYMENT B – ALTERNATE CASH**

- Check this box if you want to claim a one-time estimated \$75.00 cash payment. **DO NOT CLAIM THIS PAYMENT IF YOU ARE CLAIMING A PAYMENT FROM SECTION III.**

#### **V. PAYMENT SELECTION**

If you submit this Claim Form by mail and it is accepted by the Settlement Administrator, you will receive a mailed, paper check. If you would prefer to receive a digital payment, you may submit a Claim Form on the Settlement Website to provide your payment account information.

#### **VI. ATTESTATION & SIGNATURE**

I swear and affirm on penalty of perjury that the information provided in this Claim Form, including supporting documentation, is true and correct to the best of my knowledge. I understand that my Claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my Claim is considered complete and valid.

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Signature

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Printed Name

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Date