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Your claim must
be submitted
online or
postmarked by:
October 13, 2025

**CLAIM FORM FOR SPECIALTY NETWORKS DATA
SECURITY INCIDENT ACTION**

Daniel Smith, et al. v. Specialty Networks, LLC, et al.
Case No. 1:24-cv-00286-CLC-CHS
United States District Court for the Eastern District of Tennessee

**SPECIALTY-
C**

GENERAL INSTRUCTIONS

You have been identified by the Settlement Administrator as a Settlement Class Member who may have received a notice from Defendant Specialty Networks, LLC that your Private Information may have been impacted by the Data Security Incident. You may submit a Claim for a Settlement Class Member Benefit, outlined below.

Please refer to the Notice posted on the Settlement Website www.SpecialtyNetworksDataSettlement.com, for more information on submitting a Claim Form and if you are part of the Settlement Class.

To receive a Settlement Class Member Benefit from this settlement via an electronic payment, you must submit the Claim Form below electronically at www.SpecialtyNetworksDataSettlement.com by October 13, 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, including any supporting documentation, by U.S. mail to:

Settlement Administrator – 83170
c/o Kroll Settlement Administration LLC
P.O. Box 5324
New York, NY 10150-5324

Cash Payments will be adjusted up or down depending on the amount of Valid Claims. Any increases or decreases to Cash Payments will be on a *pro rata*, or equal basis. **You may submit a Claim for one of the following benefits:**

- 1) **Cash Payment A** – Documented Losses: Settlement Class Members may submit a Claim for a Cash Payment for up to \$5,000 per Settlement Class Member that includes reasonable documentation supporting the losses fairly traceable to the Data Security Incident, upon submission of a Valid Claim and supporting documentation, for unreimbursed ordinary and/or extraordinary economic losses incurred as a result of the Data Security Incident; **OR**
- 2) **Cash Payment B – Flat Cash:** As an alternative to Cash Payment A – Documented Losses above, a Settlement Class Member may elect to receive Cash Payment B – Flat Cash, which is a flat Cash Payment in an estimated amount of \$100.

In addition to a Cash Payment, Settlement Class Members may select the following:

- 3) **Credit/Data Monitoring** – Settlement Class Members may elect up to three (3) years of Credit Monitoring. Credit Monitoring has a value of \$110 per year per Settlement Class Member.

Questions? Go to www.SpecialtyNetworksDataSettlement.com or call (833) 890-4541.

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I. PAYMENT SELECTION

If you would like to elect to receive your Cash Payment through electronic transfer, 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 Settlement 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: (____) _____ - _____

III. PROOF OF DATA SECURITY INCIDENT SETTLEMENT CLASS MEMBERSHIP

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Check this box to certify if you are a living individual residing in the United States who were sent a notice by Defendant Specialty Networks, LLC that their Private Information may have been impacted in the Data Security Incident, that occurred on or about December 18, 2023.

Enter the Class Member ID Number provided on your Postcard Notice:

Class Member ID : 8 3 1 7 0 _____

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IV. CASH PAYMENT A – DOCUMENTED LOSSES

All Settlement Class Members are eligible for compensation for up to \$5,000 per Settlement Class Member for documented losses incurred as a result of the Data Security Incident.

- (i) Settlement Class Members will be required to submit reasonable documentation supporting the losses. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the identity protection and credit monitoring services offered as part of the notification letter provided by Defendant Specialty Networks, LLC or otherwise.

Settlement Class Members with documented losses must submit documentation supporting their claims. This can include receipts or other documentation not “self-prepared” by the claimant that document the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

You must have documented losses incurred as a result of the Data Security Incident and submit documentation to obtain this benefit.

☐ I have attached documentation showing that the documented losses are fairly traceable to the Data Security Incident. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of 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)	\$_____.	
	___/___/___ (mm/dd/yy)	\$_____.	

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V. CASH PAYMENT B – FLAT CASH

By checking the below box, I choose an estimated \$100 *pro rata*, or equal share, Cash Payment. **This benefit type cannot be combined with a Claim for Cash Payment A – Documented Losses.**

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Yes, I choose an estimated \$100 Cash Payment instead of the documented losses above.

IN ADDITION TO THE CASH PAYMENTS, YOU MAY ALSO SELECT THE SETTLEMENT CLASS MEMBER BENEFIT BELOW

VI. CREDIT MONITORING

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3-years of Credit Monitoring

Check the box above if you wish to receive, in addition to electing compensation for Cash Payment A or Cash Payment B, three (3) years of Credit Monitoring. **You may also select Cash Payment A or Cash Payment B.**

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state 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

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