

Your claim must
be submitted
online or
postmarked by:
January 5, 2026

***Smith, et al., v. The Hospital Authority of the City of Bainbridge and
Decatur County d/b/a Memorial Hospital and Manor***

Case No. 25SV00030

State Court of Decatur County, Georgia

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must
be submitted
online or
postmarked by:
January 5, 2026

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: “All living individuals in the United States who received notice from Memorial Hospital that their Private Information may have been compromised as a result of the Data Incident.”

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge’s family and staff; (2) MHM officers and directors; (3) government entities; and (4) 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

Memorial Hospital and Manor (“MHM”) has agree to provide **Medical Data Monitoring** and **one** of three **Cash Payments** to every Class Member who files a valid claim. These benefits are explained below, and complete information is available in the Settlement Agreement at www.MemorialHospitalDataSettlement.com.

MEDICAL DATA MONITORING. All Class Members are eligible to enroll in one year of **CyEx Medical Shield Pro**. This comprehensive service comes with \$1 million of 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 with any problems.

CASH PAYMENTS. All Class Members may claim **one** of the following **Cash Payments**:

Option A – Documented Losses Cash Payment. 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 November 2, 2024, and January 5, 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

Questions? Call 1-833-417-4951 Toll-Free or Visit www.MemorialHospitalDataSettlement.com

Your claim must
be submitted
online or
postmarked by:
January 5, 2026

***Smith, et al., v. The Hospital Authority of the City of Bainbridge and
Decatur County d/b/a Memorial Hospital and Manor***

Case No. 25SV00030

State Court of Decatur County, Georgia

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must
be submitted
online or
postmarked by:
January 5, 2026

You need to send proof, like bank statements or receipts, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a valid claim.

Option B – Cash Payment for Lost Time. Class Members who spent time responding to the Data Incident may claim up to four hours, at \$25.00 per hour, for a maximum of **\$100.00**.

You must have spent the time on tasks related to the Data Incident. Some examples include things like:

- changing your passwords
- investigating suspicious activity in your accounts
- researching the Data Incident

Option C – Alternate Cash Payment. Instead of the benefits in Option A or B, you may claim a one-time **\$40.00** cash payment. 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@MemorialHospitalDataSettlement.com
- Call toll free, 24/7: 1-833-417-4951
- By mail: MHM Data Incident Settlement
c/o Settlement Administrator
PO Box 25226
Santa Ana, CA 92799

**THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
www.MemorialHospitalDataSettlement.com**

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

MHM Data Incident Settlement
c/o Settlement Administrator
PO Box 25226
Santa Ana, CA 92799

An electronic image of the completed Claim Form can also be emailed to info@MemorialHospitalDataSettlement.com

You must submit online, mail, or email your Claim Form by **January 5, 2026**.

Questions? Call 1-833-417-4951 Toll-Free or Visit www.MemorialHospitalDataSettlement.com

Your claim must
be submitted
online or
postmarked by:
January 5, 2026

**Smith, et al., v. The Hospital Authority of the City of Bainbridge and
Decatur County d/b/a Memorial Hospital and Manor**

Case No. 25SV00030

State Court of Decatur County, Georgia

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must
be submitted
online or
postmarked by:
January 5, 2026

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

Unique ID (if known)

II. MEDICAL DATA MONITORING SERVICES

☐ Check this box if you would like to enroll in one year of Medical Data Monitoring.

III. CASH PAYMENT OPTION A – CASH PAYMENT FOR 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.

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

| Description of Documentation Provided | Amount |
|--|---------------|
| <i>Example: Unauthorized bank transfer</i> | \$500 |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL CLAIMED: | |

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.

If you are claiming this cash payment option, skip Sections IV and V, and continue to Section VI.

Questions? Call 1-833-417-4951 Toll-Free or Visit www.MemorialHospitalDataSettlement.com

Your claim must
be submitted
online or
postmarked by:
January 5, 2026

**Smith, et al., v. The Hospital Authority of the City of Bainbridge and
Decatur County d/b/a Memorial Hospital and Manor**

Case No. 25SV00030

State Court of Decatur County, Georgia

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must
be submitted
online or
postmarked by:
January 5, 2026

IV. CASH PAYMENT OPTION B – CASH PAYMENT FOR LOST TIME

If you spent time fixing problems caused by Data Incident, please select how many hours (up to four) you spent.

I affirm that I spent (select only **one**):

☐ 1 hour (\$25.00)

☐ 2 hours (\$50.00)

☐ 3 hours (\$75.00)

☐ 4 hours (\$100.00)

Brief Description of the problems and each action you took: _____

If you are claiming this cash payment option, skip Sections III and V, and continue to Section VI.

V. CASH PAYMENT OPTION C – ALTERNATE CASH PAYMENT

☐ Check this box if you want to claim a one-time \$40.00 cash payment.

If you are claiming this cash payment option, skip Sections III and IV, and continue to Section VI.

VI. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

☐ **PayPal**

Email address, if different than you provided in Section I: _____

☐ **Venmo**

Mobile number, if different than you provided in Section I: _____

☐ **Zelle**

Email address or mobile number, if different than you provided in Section I: _____

☐ **Physical Check**

Payment will be mailed to the address provided in Section I.

**Your claim must
be submitted
online or
postmarked by:
January 5, 2026**

***Smith, et al., v. The Hospital Authority of the City of Bainbridge and
Decatur County d/b/a Memorial Hospital and Manor***

Case No. 25SV00030

State Court of Decatur County, Georgia

DATA INCIDENT SETTLEMENT CLAIM FORM

**Your claim must
be submitted
online or
postmarked by:
January 5, 2026**

VII. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, and any 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.

Signature

Printed Name

Date