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Your claim must be  
submitted online or  
postmarked by:  
**July 11, 2025**

**SSN CLASS MEMBER CLAIM FORM**  
*Tambroni, et al. v WellNow Urgent Care, P.C., et al.*  
Case No. 2025LA000013  
Circuit Court of Sangamon County, Illinois

**WELLNOW-C**

**GENERAL INSTRUCTIONS**

If you received an SSN Class Member Notice, the Settlement Administrator identified you as one of the 55,131 Settlement Class Members whose personal information, including Social Security Numbers, was impacted in the Data Security Incident. As such, you may submit a Claim for settlement benefits, as outlined below. Please refer to the Long Form Notice posted on the Settlement Website, [www.wellnowdatasecuritysettlement.com](http://www.wellnowdatasecuritysettlement.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 the Claim Form below electronically at [www.wellnowdatasecuritysettlement.com](http://www.wellnowdatasecuritysettlement.com) by July 11, 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:

*Settlement Administrator – 83193*  
c/o Kroll Settlement Administration LLC  
P.O. Box 225391  
New York, NY 10150-5391

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

1. ***Pro Rata Cash Payment:*** As an alternative to claiming reimbursement for documented extraordinary out-of-pocket losses, SSN Settlement Class Members may claim a cash payment in a *pro rata* amount of the SSN Class Settlement Fund after reimbursement for documented Extraordinary Out-of-Pocket Expenses as well as payment of 10% of all Court-approved Notice and Settlement Administration Costs, service awards, attorneys' fees, costs, and litigation expenses. **You may not submit a Claim for Extraordinary Out-of-Pocket Expenses if you are claiming a *Pro Rata* Cash Payment.**
2. ***Lost-Time Claims:*** SSN Settlement Class Members may submit a Claim for up to three (3) hours of time spent related to the Data Security Incident at \$25 per hour if the Settlement Class Member (i) attests that any claimed lost time was spent related to and arising out of the Data Security Incident and (ii) provides a brief general description of how the claimed lost time was spent. No documentation needs to be submitted in order to be eligible to receive the benefit of Lost-Time Claims.
3. ***Extraordinary Out-of-Pocket Expense Claims:*** SSN Settlement Class Members may submit a Claim for reimbursement of actual and documented out-of-pocket losses up to \$7,500 per Claimant, reasonably and fairly traceable to the Data Security Incident. **You must submit both documentation and attestation supporting Claims for Extraordinary Out-of-Pocket Expenses.**

Questions? Go to [www.wellnowdatasecuritysettlement.com](http://www.wellnowdatasecuritysettlement.com) or call (833) 421-4559

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\*PAGE 1 OF 4\*

Page 1 of 4

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**I. PAYMENT SELECTION**

If you would like to elect to receive your settlement 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. SSN 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 INCIDENT SSN CLASS MEMBER MEMBERSHIP**

☐ Check this box to certify that you are one of the approximately 55,131 Settlement Class Members whose personal information, including Social Security Numbers, was impacted in the Data Security Incident.

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

Class Member ID : 83193 \_\_\_\_\_

Questions? Go to [www.wellnowdatasecuritysettlement.com](http://www.wellnowdatasecuritysettlement.com) or call (833) 421-4559

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\*PAGE 2 OF 4\*

Page 2 of 4

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#### IV. PRO RATA CASH PAYMENT CLAIM

By checking the below box, I choose, as an alternative cash payment, a *pro rata* amount of the SSN Class Settlement Fund after reimbursement for documented Extraordinary Out-of-Pocket Expenses as well as payment of 10% of all Court-approved Notice and Settlement Administration Costs, service awards, attorneys' fees, costs, and litigation expenses. **You may not submit a Claim for Extraordinary Out-of-Pocket Expenses.**

☐ Yes, I choose a *Pro Rata* Cash Payment

#### V. LOST-TIME CLAIM

☐ I affirm I spent time related to and arising out of the Data Security Incident for up to three (3) hours at \$25 per hour. **You may submit a Claim for Extraordinary Out-of-Pocket Expenses OR *Pro Rata* Cash Payment.**

Time Spent: ☐ 1 hour ☐ 2 hours ☐ 3 hours

Describe briefly of how the claimed lost time was spent: \_\_\_\_\_

#### VI. EXTRAORDINARY OUT-OF-POCKET EXPENSES CLAIM

SSN Class Members may submit a Claim for reimbursement of actual and documented Extraordinary Out-of-Pocket Expenses up to \$7,500 per Claimant, reasonably and fairly traceable to the Data Security Incident.

*Out-of-Pocket Losses incurred* as a direct result of the Data Security Incident, including but not limited to:

- unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit report services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs incurred on or after April 25, 2023, that the Claimant attests under penalty of perjury were directly caused by the Data Security Incident, through July 11, 2025; and miscellaneous expenses such as notary, data charges (if charged based on the amount of data used), fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges.

**You must submit documentation to obtain this reimbursement. You may not submit a Claim for *Pro Rata* Cash Payment.**

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\*PAGE 3 OF 4\*

Page 3 of 4

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☐ I incurred Extraordinary Out-of-Pocket Expenses, and have attached documentation showing that the claimed losses were more likely than not caused by the Data Security Incident. I have submitted reasonable documentation that the Extraordinary Out-of-Pocket Expenses and charges claimed were both actually incurred and plausibly arose from the Data Security Incident. Failure to provide supporting documentation of the Extraordinary Out-of-Pocket Expenses referenced above, as requested on the Claim Form, shall result in denial of a 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<br>(Fill all that apply)               | Approximate Date of<br>Out-of-Pocket Expense          | Amount of Out-of-Pocket<br>Expense     | Description of Supporting<br>Reasonable Documentation<br>(Identify what you are attaching and<br>why) |
|--|---|--|---|
| Example: Identity<br>Theft Protection<br>Service | <u>07/17/20</u><br>(mm/dd/yy)                         | \$50.00                                | Copy of identity theft protection<br>service bill   |
|  | <u>    </u> / <u>    </u> / <u>    </u><br>(mm/dd/yy) | \$ <u>          </u> . <u>        </u> |   |
|  | <u>    </u> / <u>    </u> / <u>    </u><br>(mm/dd/yy) | \$ <u>          </u> . <u>        </u> |   |
|  | <u>    </u> / <u>    </u> / <u>    </u><br>(mm/dd/yy) | \$ <u>          </u> . <u>        </u> |   |
|  | <u>    </u> / <u>    </u> / <u>    </u><br>(mm/dd/yy) | \$ <u>          </u> . <u>        </u> |   |

## 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

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\*PAGE 4 OF 4\*

Page 4 of 4