

Your claim must be submitted online or postmarked by: April 2, 2025

Brim, et al., v. Prestige Care Inc.
Case No. 3:24-cv-05133
United States District Court, Western District of Washington

PRESTIGE CLAIM

CLAIM FORM

GENERAL INSTRUCTIONS

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are an individual who was notified of the September 2023 cyberattack suffered by Defendant wherein cybercriminals potentially accessed files containing the Personal Information of approximately 45,000 individuals from Defendant's network (the "Data Incident"). The Data Incident potentially exposed sensitive Personal Information, including full names, Social Security numbers, medical treatment details, and health insurance information of both current and former patients of the Defendant.

The Settlement Benefits

Out-of-Pocket Losses. Settlement Class Members are eligible to receive reimbursement for the following documented out-of-pocket losses, if not already reimbursed through any other source and caused by the Data Incident, **not to exceed \$400 per Settlement Class Member:** (i) unreimbursed expenses, charges and/or losses relating to fraud or identity theft such as unreimbursed bank fees; long distance phone charges; cell phone charges (only if charged by the minute); data charges (only if charged based on the amount of data used); postage; gasoline for local travel; fees for credit repair or similar services; and costs associated with freezing or unfreezing credit; and/or any other charge or loss reasonably related to the Data Incident incurred by Class Members between September 7, 2023 and the Claims Deadline.

The amount of the expense reimbursement will be increased or decreased on a *pro rata* basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

Settlement Class Members must submit documentation supporting their expense reimbursement 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.

Lost Time. Settlement Class Members are eligible to recover up to \$25 per hour for up to 4 hours for time spent dealing with the Data Security Incident, if the Class Member attests that any claimed lost time was spent responding to issues raised by the Data Incident, and briefly describes how the lost time was spent.

Consequential Damages. Class Member are also eligible to recover Consequential Damages (extraordinary out-of-pocket losses), not to exceed \$5,000 per Class Member for documented monetary loss that (i) is actual, documented, and unreimbursed; (ii) was more likely than not caused by the Data Incident; (iii) occurred between September 7, 2023 to the Claims Deadline; (iv) results from actual identity theft, fraud or similar criminal victimization; and (v) is not already covered by one or more of the above-referenced reimbursed expenses.

Alternative Cash Payment. Settlement Class Members can elect to make a claim for a \$50 alternative cash payment in lieu of expense reimbursement. No documentation is required to make this claim. The amount of the alternative cash payment will be increased or decreased on a *pro rata* basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

If the total Monetary Settlement Benefits claimed exceed \$700,000.00, the amounts paid to Settlement Class Members will be prorated downwards to stay within the maximum \$700,000.00 aggregate cap.

Credit Monitoring. In addition, all Settlement Class Members are eligible to claim three (3) years of single bureau Credit Monitoring Services.

QUESTIONS? VISIT WWW.PRESTIGECAREDATASETTLEMENT.COM OR CALL TOLL-FREE 1-844-730-6791

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This Claim Form may be submitted electronically *via* the Settlement Website at www.PrestigeCareDataSettlement.com or completed and mailed, including any supporting documentation, to: Prestige Care Settlement, Attn: Claim Forms, PO Box 631, Baton Rouge, LA 70821.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Telephone Number	Notice ID, if known

II. Out-of-Pocket Losses

- Check this box if you are requesting compensation for **Out of Pocket Loss Reimbursement** up to a total of \$400.00.
You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount
<i>Example: Receipt for credit repair services</i>	<i>\$100</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"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
TOTAL AMOUNT CLAIMED:	<input type="text"/>

- You must check this box to attest that the out-of-pocket expenses and charges you listed above actually occurred and arose from the Data Incident.

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III. LOST TIME REIMBURSEMENT

- Check this box if you are requesting compensation for **Lost Time** up to a total of \$100.00 (4 hours of time at \$25.00 per hour).

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident. Examples of compensable lost time include: Investigating credit history for potential fraudulent transactions; communicating with credit reporting bureaus; communicating with bank/credit card customer service lines regarding potential fraudulent transactions, changing cards or accounts; time on the internet addressing potentially fraudulent transactions; and time on the internet investigating identity theft or credit protection measures, products or services.

Please indicate how many hours of lost time you are claiming (up to 4 hours): _____

<i>Description of Lost Time</i>

- You must check this box to attest that the lost time expenses you listed above actually occurred and arose from the Data Incident.

IV. CONSEQUENTIAL DAMAGES

- Check this box if you are requesting compensation for **Consequential Damages** up to a total of \$5,000.00. **You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

Complete the chart below describing the supporting documentation you are submitting.

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>

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TOTAL AMOUNT CLAIMED:

- You must check this box to attest that the Consequential Damages you listed above actually occurred and arose from the Data Incident.

V. CREDIT MONITORING SERVICES

- Check this box if you wish to claim Credit Monitoring Services for three (3) years.

A unique redemption code, allowing Settlement Class Members to enroll in these services will be sent to each Settlement Class Member who submits a valid claim for such services after the Court approves the Settlement as final and after any appeals are resolved.

VI. ALTERNATIVE CASH PAYMENT

- Check this box if you wish to receive a \$50 alternative cash payment in lieu of expense reimbursement.

VII. PAYMENT SELECTION

Please select **one** of the following payment options:

- PayPal** - Enter your PayPal email address: _____

- Venmo** - Enter the mobile number associated with your Venmo account: ____-____-____

- Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____-____-____ or Email Address: _____

- Virtual Prepaid Card** - Enter your email address: _____

- Physical Check** - Payment will be mailed to the address provided in Section I above.

VIII. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided 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 Claims Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date