

Your claim must be submitted online or postmarked by: JULY 20, 2023

CLAIM FORM FOR DATA BREACH SETTLEMENT

In Re: Medical Review Institute of America, LLC, Data Breach Litigation
Cause No. 2:22-cv-00082

MEDICAL REVIEW INSTITUTE OF AMERICA

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR DOCUMENTED UNREIMBURSED LOSSES OR LOST TIME

GENERAL INSTRUCTIONS

If you reside in the United States and were sent a notice advising that Medical Review Institute of America, LLC (“MRIA”) discovered a Data Incident that may have involved information about you on or about November 9, 2021 (“Data Incident”), you are a member of the Settlement Class and are eligible to complete this Claim Form to request thirty (30) months of identity protection and credit monitoring service free of charge, reimbursement of documented out of pocket expenses incurred as a result of the Data Incident up to a maximum of \$700 per person, including compensation for up to 3 hours of lost time at a rate of \$20.00 per hour (for a maximum of \$60 per person), and/or for a claimant who was the victim of actual documented identity theft compensation for actual, documented and unreimbursed monetary loss caused by the Data Incident that occurred between November 9, 2021 and March 15, 2023 if the loss is not already covered by available credit monitoring insurance and identity theft insurance up to a total of \$5,000 per person.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.MRIASettlement.com or completed and 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:

Medical Review Institute of America, LLC Claims Administrator
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164

I. 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 form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

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II. PROOF OF CLASS MEMBERSHIP

Check this box to certify that you reside in the United States and received a notice of the Data Incident that MRIA discovered on or about November 9, 2021.

Enter the Notice ID Number provided on your Notice or the last four digits of your Social Security Number:

Notice ID Number

Social Security Number (last four digits only)

III. IDENTITY THEFT PROTECTION

Check this box if you wish to receive thirty (30) months of free identity protection and credit monitoring service.

IV. COMPENSATION FOR OUT-OF-POCKET LOSSES AND LOST TIME

All members of the Settlement Class who submit a valid and timely claim will be reimbursed for documented out of pocket expenses incurred as a result of the Data Incident, up to a maximum of \$700 per person.

A. Documented Out-of-Pocket Losses

Description of the Documented Out-of-Pocket Expense	Date of Expense	Dollar amount	Documentation that supports each claim-attached

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You must provide documentation for each claimed out-of-pocket expense listed above.

B. Compensation for Lost Time responding to issues raised by the Data Incident

You may also claim compensation for up to 3 hours of lost time, at \$20 per hour. Lost time may be claimed with an attestation that the claimed time was spent responding to issues raised by the Data Incident. Any payment for lost time is included in the \$700 cap per Settlement Class Member for compensation for Out-of-Pocket Losses and Lost Time.

Hours claimed (up to 3 hours) 1 Hour (\$20) 2 Hours (\$40) 3 Hours (\$60)

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident.

Documentation is not required to claim lost time – only the attestation above.

V. COMPENSATION FOR EXTRAORDINARY LOSSES FOR VICTIMS OF ACTUAL IDENTITY THEFT

Members of the Settlement Class who submit a valid and timely claim and were the victims of actual documented identity theft will be compensated for proven monetary loss up to a maximum of \$5,000 per person if the loss is an actual, documented and unreimbursed monetary loss; the loss was more likely than not caused by the Data Incident; the loss occurred between November 9, 2021 and the March 15, 2023; the loss is not already covered by one of the out-of-pocket loss reimbursement categories set out in the Settlement Agreement; and the Settlement Class Member made reasonable efforts to avoid or seek reimbursement for the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

Description of the Extraordinary Loss	Date of the Loss	Dollar Amount	Documentation that supports each item - attached

You must provide documentation that you were a victim of actual identity theft and documentation for each claimed item of Extraordinary Loss.

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VI. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

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 above.

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

Printed Name

Date