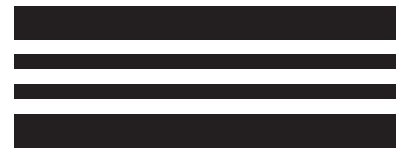


PRT9 Settlement Administrator  
P.O. Box 301134  
Los Angeles, CA 90030-1134



# PRT9

VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

*In re Practice Resources, LLC  
Data Security Breach Litigation*

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

Case No. 6:22-cv-00890-LEK-DJS

**Must Be Postmarked  
No Later Than  
April 25, 2025**

## PRACTICE RESOURCES, LLC DATA BREACH SETTLEMENT CLAIM FORM

This Claim Form should be filled out and submitted by mail if you received notice that your Private Information may have been potentially compromised in the Data Breach that occurred within Practice Resources, LLC on or around April 12, 2022. Each Settlement Class Member may submit a claim for one of the following: (a) You may submit a claim for up to \$5,000 for documented losses remedying the effects of the Data Breach; (b) you may enroll in complimentary Credit Monitoring and Insurance Services through CyEx, LLC for a period of three years from the Effective Date of the Settlement; or (c) in the alternative to documented losses or credit monitoring and insurance services, you may submit a claim to receive a cash payment.

Please refer to the Settlement Notice posted on the settlement website, [www.PRLDataBreachSettlement.com](http://www.PRLDataBreachSettlement.com), for more information.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY: April 25, 2025**

### CLASS MEMBER INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement.

<input type="text"/>				<input type="text"/>	<input type="text"/>			
First Name				M.I.	Last Name			
<input type="text"/>								
Primary Address								
<input type="text"/>								
Primary Address Continued								
<input type="text"/>				<input type="text"/>	<input type="text"/>			<input type="text"/>
City				State		ZIP Code		
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>				
Area Code		Telephone Number						
<input type="text"/>								
Email Address (optional)								

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**SETTLEMENT BENEFITS**

You may submit a claim for EITHER (1) a Document Loss Payment, (2) Credit Monitoring and Insurance Services, OR (3) a Cash Fund Payment.

**1. Documented Loss Payment**

You may recover payment to compensate you for the time you spent addressing the Data Breach, up to \$5,000. These expenses or time must have been incurred between April 12, 2022, and April 25, 2025. Please refer to the Settlement Notice for more information.

**YES, please provide me with a Documented Loss Payment. I do not want the Credit Monitoring and Insurance Services or the Cash Fund Payment.**

To help us determine if you are entitled to a Documented Loss Payment, please provide as much information as possible.

The types of expenses that you may claim include fees or other charges (e.g., unreimbursed bank fees related to fraud or identity theft, credit monitoring, etc.) and other incidental expenses (e.g., postage, long-distance charges, etc.) you incurred addressing the Data Breach. The Settlement Notice further describes the types of available expenses in greater detail and the Reasonable Documentation required to support the expenses. Please refer to that document for more information.

Date	Description	Amount
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____

**Documentation is required for claimed expenses.** Please be sure to include documentation to expedite the processing of your claim. For example, a bank statement showing claimed fees (you may redact unrelated transactions and all but the last four digits of any account number).

**2. Credit Monitoring and Insurance Services**

You may claim identity theft protection services through CyEx, LLC for a period of up to three years by filling in the circle below and submitting this form. No additional documentation is needed.

**YES, please provide me with Credit Monitoring and Insurance Services. I do not want the Document Loss Payment or the Cash Fund Payment.**

**Please provide your email address above. When the Settlement becomes effective, you will receive via email an activation code to use to enroll directly with CyEx, LLC. You must both file this Claim Form and use the code that will be sent to you to enroll in the service in order to receive the identity theft protection and insurance services.**

**3. Cash Fund Payment**

You may claim a Cash Fund Payment to receive a pro rata Settlement Payment in cash (if money remains in the Net Settlement Fund) by filling in the circle below and submitting this form. No additional documentation is needed. Please refer to the Settlement Notice for more information.

**YES, please provide me with a Cash Fund Payment. I do not want the Documented Loss Payment or the Credit Monitoring and Insurance Services.**

The information supplied in this Claim Form is true and correct to the best of my recollection. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid. I further understand that, should I not be able to provide reasonable documentation supporting my Documented Loss Payment claim, or if my claim for a Documented Loss Payment is rejected for any reason, I will be automatically placed into the Cash Fund Payment category instead.

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

The deadline to submit this Claim Form and all required supporting documentation is April 25, 2025.

This Claim Form may be submitted online at [www.PRLDataBreachSettlement.com](http://www.PRLDataBreachSettlement.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, along with any supporting documentation, by U.S. Mail to:

PRT9 Settlement Administrator  
P.O. Box 301134  
Los Angeles, CA 90030-1134

**DO NOT SEND THIS CLAIM FORM TO THE COURT.**

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