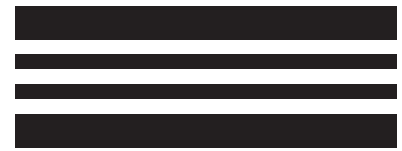


RGW Data Incident Settlement Administrator
P.O. Box 301134
Los Angeles, CA 90030-1134



RE9

VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

*In re Retina Group of Washington
Data Security Incident Litigation*

UNITED STATES DISTRICT COURT
DISTRICT OF MARYLAND

Case No. 8:24-cv-00004-LWW (D. Md.)

**Must Be Postmarked
No Later Than
June 23, 2025**

Claim Form for Data Incident Settlement
GENERAL INSTRUCTIONS

If you were notified that some of your personal information was potentially exposed as a result of the cyberattack on The Retina Group of Washington, PLLC's ("RGW") network systems, which occurred on or about March 26, 2023 ("Data Incident"), you are a member of the Settlement Class and are eligible to complete this Claim Form. RGW is a healthcare company that provides specialized ophthalmology and vision care services. If you are a Settlement Class Member, you are eligible to request 24 months of identity protection and credit monitoring service free of charge ("Credit Monitoring"), compensation for up to 4 hours of lost time at a rate of \$25.00 per hour ("Lost Time"), compensation for ordinary losses up to \$300.00, and compensation for extraordinary unreimbursed losses up to a total of \$5,000.00 ("Unreimbursed Losses"). As an alternative to making a claim for Unreimbursed Losses, Lost Time, and Credit Monitoring, you may elect to receive an Alternative Cash Payment, the amount of which will be determined based on the amount remaining in the Settlement Fund after the amounts in the Settlement Fund have been distributed in accordance with the Settlement Agreement.

Please read this 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.RetinaGroupDataSettlement.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: RGW Data Incident Settlement Administrator, P.O. Box 301134, Los Angeles, CA 90030-1134.

I. SETTLEMENT 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 form.

<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"/>
City	State	ZIP Code
<input type="text"/>		
Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code	Telephone Number	

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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