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

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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 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.

First Name				M.I.	Las	t Name	Э				
Primary Address											
Primary Address (	Continued										
City								State	ZIP C	ode	
Email Address											
		_									
Area Code	Telephone N	umber									

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# II. PROOF OF CLASS MEMBERSHIP

Fill in this circle to certify that you received a notification that your personal data may have been involved in the Data Incident.

Enter the Claim ID Number provided on the Notice you received from the Settlement Administrator:

Claim ID	) Nun	nber													

### III. ALTERNATIVE CASH PAYMENT

Fill in this circle if you wish to receive an Alternative Cash Payment instead of payment for Unreimbursed Losses, Lost Time, and/or Credit Monitoring. The amount of the Alternative Cash Payment will depend on the amount of claims for Alternative Cash Payments and the amount of funds remaining in the Settlement Fund after all other distributions have been made, as explained in the Settlement Agreement.

You may <u>NOT</u> claim the Alternative Cash Payment AND claim Unreimbursed Losses, Lost Time, and/or Credit Monitoring. If you claim the Alternative Cash Payment, you give up the right to receive reimbursement for Unreimbursed Losses, Lost Time, or enroll in Credit Monitoring. If you fill in the circle for Alternative Cash Payment and fill in the circles for any of the other relief below, the Settlement Administrator will assume that you mean to claim the Alternative Cash Payment Only.

### IV. IDENTITY THEFT PROTECTION - CREDIT MONITORING

Fill in this circle if you did not select the Alternative Cash Payment and wish to receive 24 months of free identity protection and credit monitoring service.

### V. COMPENSATION FOR LOST TIME

All members of the Settlement Class who have spent time dealing with the Data Incident may claim up to four (4) hours of lost time at a rate of \$25.00 per hour, if they spent at least one-half hour dealing with the Data Incident and did not select the Alternative Cash Payment above. You must reasonably describe the lost time and attest that the time was spent dealing with the Data Incident. No supporting documentation is required.

*Examples:* You spent at least one-half hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed.

Hours claimed (up to 4 hours) at \$25.00 per hour (minimum 0.5 hours)

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

#### **Describe the Lost Time:**

# VI. UNREIMBURSED LOSSES

All members of the Settlement Class who submit a Valid Claim using this Claim Form and supporting documentation are eligible for reimbursement of documented out-of-pocket expenses that were demonstrably incurred, more likely than not, as a result of the Data Incident, so long as they did not select the Alternative Cash Payment above. Fill in the circle for each category of benefits you would like to claim.

You must reasonably describe the Unreimbursed Losses, provide supporting documentation, and attest that the losses were incurred as a result of the Data Incident to the best of your knowledge. <u>Please provide as much information as you can to help us determine if you are entitled to a Settlement payment.</u>

### A. ORDINARY LOSSES

Settlement Class Members who submit a Valid Claim using this Claim Form and supporting documentation are eligible for reimbursement of up to \$300.00 of ordinary out-of-pocket expenses resulting from the Data Incident.

Expense Type and Examples of Documents	Approximate Amount of Expense and Date	<b>Description of Expense or Money Spent and</b> <b>Supporting Documents</b> (Identify what you are attaching, and why it's related to the Data Incident)
O Documented Bank Fees Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees	\$       .         /       /         MM       DD       YYYY	
Charges <i>Example: Phone bills with</i> <i>charges</i>	\$	
• Cell Phone Charges (only if charged by the minute) Examples: Phone bills with charges by the minute, internet usage charges if charged by the minute or by data usage, or text messages charged by the message	\$ .   MM DD   YYYY	
Unreimbursed Credit Monitoring Examples: Fees for credit reports, credit monitoring, and/or other identity theft insurance products purchased between December 21, 2023 and June 23, 2025	\$ .	
Other Losses or Costs Examples: Include, but not limited to, the cost of postage, gas for local travel or interest on payday loans due to card cancellation	\$	

**Documentation of ordinary losses is required.** You may mark out any transactions that are not relevant to your claim before sending in the documentation.

If you are seeking reimbursement for fees, expenses, or charges, you MUST attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred. If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance products purchased between December 21, 2023 and June 23, 2025, you MUST attach a copy of a receipt or other proof of purchase for each credit report or product purchased.

All ordinary losses must be more likely than not attributable to the Data Incident and must not have been previously reimbursed.

I attest and affirm under penalty of perjury that to the best of my knowledge and belief any claimed ordinary losses have not been previously reimbursed and were incurred as a result of the Data Incident.

## B. EXTRAORDINARY LOSSES

Settlement Class Members who submit a Valid Claim using this Claim Form and supporting documentation are eligible for reimbursement of up to \$5,000.00 of extraordinary out-of-pocket expenses due to identity theft or other fraud resulting from the Data Incident, so long as you did not select the Alternative Cash Payment above.

**Extraordinary expenses MUST:** (1) be an actual, documented, unreimbursed monetary loss; (2) be more likely than not a result of the Data Incident; (3) not be covered by a claim for Ordinary Losses (Section A above); and (4) have been incurred despite reasonable efforts to avoid or be reimbursed for the loss (including exhaustion of all available credit monitoring insurance, identity theft insurance, and other available insurance).

Expense Type and Examples of Documents	Approximate Amount of Expense and Date	<b>Description of Expense or Money Spent and</b> <b>Supporting Documents</b> (Identify what you are attaching, and why it's related to the Data Incident)
• Professional Fees Examples: Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical identity theft	\$   .     /   /     MM   DD   YYYY	
Other Extraordinary Losses Please provide a detailed description or a separate document submitted with this Claim Form.	\$       .         /       /         MM       DD       YYYY	

**Documentation of extraordinary loss is required.** The documentation must show the full amount of the claimed loss. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

The loss must be more likely than not the result of the Data Incident and must not already be covered by the Ordinary Losses category.

I attest and affirm under penalty of perjury that to the best of my knowledge and belief any claimed extraordinary losses were actual monetary losses incurred due to identity theft or fraud as a result of the Data Incident and are not covered by a claim for Ordinary Losses.

# VII. HOW YOU WILL RECEIVE YOUR CASH PAYMENT

Approved claims for a cash payment submitted in this Claim Form will be paid by check. If you would like to receive your payment by a digital payment option, you must file a claim online at www.RetinaGroupDataSettlement.com.

### VIII. 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: \_\_\_\_

Dated (mm/dd/yyyy):

Print Name: \_\_\_\_

Questions? Go to www.RetinaGroupDataSettlement.com or call 1-833-619-2740