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BARLOW SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you were notified by mail of the Data Incident announced by Barlow Respiratory Hospital (“Barlow”) in 2021. All Settlement Class members are eligible to receive two years of credit monitoring services provided by Kroll. If you had unreimbursed out-of-pocket expenses, unreimbursed extraordinary monetary losses, or lost time dealing with the aftermath of the Data Incident, you may get a check if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options. To obtain the Settlement Notice and find more information regarding your legal rights and options, please visit the official Settlement Website, www.barlowdatasettlement.com, or call toll-free 833-462-3511.

If you wish to submit a claim for a settlement benefit electronically, you may go online to the Settlement Website, www.barlowdatasettlement.com and follow the instructions on the “Submit a Claim” page.

If you wish to submit a claim for a settlement benefit via standard mail, you need to provide the information requested below and mail this Claim Form to *Franchi v. Barlow Respiratory Hospital*, c/o Kroll Settlement Administration, PO Box 225391, New York, NY 10150-5391, postmarked by April 23, 2024. **Please print clearly in blue or black ink.**

I. CLASS MEMBER INFORMATION

Required Information:

First Name

Middle Initial

Last Name

Address 1

Address 2

City

State

Zip

Country

Email

@

(_____) _____

Phone Number

II. BENEFIT ELIGIBILITY INFORMATION

In order to allow the Claims Administrator to confirm your membership in the Class, you must provide either:

- (1) Enter the unique identifier provided in the Notice you received by mail or e-mail;

7 2 6 6 2 _____

Class Member ID Number



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OR

- (2) Provide the name and physical address you provided to Barlow for insurance, healthcare, or employment related purposes:

Name

Address

City

State

Zip

III. OUT-OF-POCKET LOST TIME

Between one (1) and five (5) hours of documented time spent monitoring accounts or otherwise dealing with the aftermath / clean-up of the Data Incident on or after August 27, 2021, and before the Claims Deadline (round up to the nearest hour and check only one box).

Hours claimed

- 1 Hour 2 Hours 3 Hours 4 Hours 5 Hours

- I attest that I spent the number of hours claimed above making reasonable efforts to deal with the Data Incident.

To recover for lost time under this section, you must select one of the boxes below or provide a narrative description of the activities performed during the time claimed, and you must have at least one hour of lost time in order to claim this benefit. Check all activities, below which apply.

- Time spent obtaining credit reports.
- Time spent dealing with a credit freeze.
- Time spent dealing with bank or credit card fees.
- Time on the internet updating automatic payment programs due to new card issuance.
- Time spent dealing with fraudulent transactions.
- Time spent monitoring accounts.
- Time spent working with credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here: _____



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IV. ORDINARY EXPENSES

Check the box for each category of out-of-pocket expenses that you incurred as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and attach the required documentation as described in **bold type** (if you are asked to provide account statements as part of required proof for any part of your claim, you may redact unrelated transactions and all but the first four and last four digits of any account number). Please round total amounts down or up to the nearest dollar.

Category (Fill all that apply)	Date	Amount	Description
<input type="checkbox"/> Unreimbursed fees or other charges from your bank or credit card company incurred on or after August 27, 2021, and before April 23, 2024 (the "Claims Deadline") due to the Data Incident.	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	

Examples: *Unreimbursed overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.*

Required: You must submit reasonable documentation supporting the above losses such as a copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).

<input type="checkbox"/> Unreimbursed fees relating to your account being frozen or unavailable incurred on or after August 27, 2021, and before the Claims Deadline due to the Data Incident.	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	
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Examples: You were charged interest by a payday lender due to card cancellation or due to an over-limit situation, or you had to pay a fee for a money order or other form of alternative payment because you could not use your debit or credit card, and these charges and payments were not reimbursed.

Required: You must submit reasonable documentation supporting the above losses such as a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

<input type="checkbox"/> Unreimbursed fees or other charges relating to the reissuance of your credit or debit card incurred on or after August 27, 2021, and before the Claims Deadline due to the Data Incident.	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	
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Examples: Unreimbursed fees that your bank charged you because you requested a new credit or debit card.

Required: You must submit reasonable documentation supporting the above losses such as a copy of a bank or credit card statement or other receipt showing these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).



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<input type="checkbox"/> Other unreimbursed incidental telephone, internet, mileage or postage expenses directly related to the Data Incident incurred on or after August 27, 2021, and before the Claims Deadline due to the Data Incident.	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	
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Examples: Unreimbursed long distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

Required: You must submit reasonable documentation supporting the above losses such as a copy of the bill from your telephone company, mobile phone company, or internet service provider that shows the charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).

<input type="checkbox"/> Credit Reports or credit monitoring charges purchased on or after August 27, 2021, and before the Claims Deadline due to the Data Incident, but not previously covered by Barlow. This category is limited to services purchased primarily as a result of the Data Incident and if purchased on or after August 27, 2021, and before the Claims Deadline, but not previously covered by Barlow.	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	
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To obtain reimbursement under this category, you must attest to the following:

I purchased credit reports on or after August 27, 2021, and before the Claims Deadline, primarily due to the Data Incident and not for other purposes, but not previously covered by Barlow.

Examples: The cost of a credit report(s) that you purchased after hearing about the Data Incident.

Required: You must submit reasonable documentation supporting the above losses such as a copy of a receipt or other proof of purchase for each product or service purchased (you may redact unrelated transactions). To recover costs of credit monitoring services activated between August 27, 2021 and the Claims Deadline incurred as a result of the Incident, you must submit either (1) a receipt showing a one-year subscription to a credit monitoring service between August 27, 2021 and the Claims Deadline incurred as a result of the Incident; or (2) at least three receipts showing consecutive monthly payments to a credit monitoring service during the same period of time and an attestation that you intend to continue subscribing to such service through at least one year after the Claims Deadline



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V. EXTRAORDINARY EXPENSES

If you have expenses related to the Data Incident that are more than the value or different than the type of ordinary expenses covered in the categories in Section I above, you may be entitled to compensation for your extraordinary expenses. To obtain reimbursement under this category, you must attest to the following:

I incurred out-of-pocket unreimbursed expenses that occurred substantially more likely than not as a result of the Data Incident during the time period on or after August 27, 2021, through the end of the Claims Deadline other than those expenses covered by one or more of the categories above, and I made reasonable efforts to avoid, or seek reimbursement for the loss, including but not limited to exhausting all available credit monitoring insurance and identity theft insurance.

Category (Fill all that apply)	Date	Amount	Description
<input type="checkbox"/> Unreimbursed fraudulent charges incurred on or after August 27, 2021, and before the Claims Deadline due to the Data Incident.	____ / ____ / ____ (mm/dd/yy)	\$ _____ . ____	

Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company. *Note: Most banks are required to reimburse customer in full for fraudulent charges on payment cards that they issue.*

Required: The bank statement or other documentation reflecting the fraudulent charges, as well as documentation reflecting the fact that the charge was fraudulent (you may redact unrelated transactions and all but the first four and last four digits of any account number). If you do not have anything in writing reflecting the fact that the charge was fraudulent (e.g., communications with your bank or a police report), please identify the approximate date that you reported the fraudulent charge, to whom you reported it, and the response.

Date reported: ____ / ____ / ____

Description of the person(s) to whom you reported the fraud:

Check this box to confirm that you have exhausted all applicable insurance policies, including but not limited to credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.



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out-of-pocket expenses that were incurred on or after August 27, 2021, and before the Claims Deadline as a result of the Data Incident that are not accounted for in your response above.	____ / ____ / ____ (mm/dd/yy)	\$ ____ . ____	
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Examples: This category includes any other unreimbursed expenses or charges that are not otherwise accounted for in your answers to the questions above, including any expenses or charges that you believe were the result of an act of identity theft.

Required: Describe the expense, why you believe that it is related to the Data Incident and provide as much detail as possible about the date you incurred the expense(s) and the company or person to whom you had to pay it. Please provide copies of any receipts, police reports, or other documentation supporting your claim. The Claims Administrator may contact you for additional information before processing your claim.

Check this box to confirm that you have exhausted all credit monitoring insurance and identity theft insurance you might have for these other unreimbursed out-of-pocket expenses before submitting this Claim Form.

VI. PAYMENT SELECTION

If you want to receive an electronic payment, please submit your Claim online.

VII. CREDIT MONITORING

All Settlement Class Members who submit a valid claim are eligible to receive two (2) years of credit monitoring and restoration protections (“Credit Monitoring Protections”) provided by Kroll and paid for by Barlow.

Do you wish to sign up for free Credit Monitoring Protections through Kroll?

Yes, I want to sign up to receive free Credit Monitoring Protections.

Email Address: _____

If you select “Yes” for this option, you will need to follow instructions and use an activation code that you receive after the Settlement is final. Credit Monitoring Protections will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address or, if you do not have an email address, to your home address.



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VIII. CALIFORNIA STATUTORY CLAIM BENEFITS

You were a resident of the State of California and a current or former patient of Barlow's at the time of the Data Incident, which is subject to Barlow's confirmation that you were a patient at said time.

Attestation (You must check the box below to obtain compensation for California Statutory Claim Benefits)

I declare under penalty of perjury under the laws of the State of California that I was a resident of California and a current or former patient of Barlow's at the time of the Data Incident.

IX. CERTIFICATION

I attest that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed at _____ [City], _____ [State] on the date set forth below.

I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

_____/_____/_____
Signature Date (mm/dd/yyyy)

Print Name

X. SUBMISSION INSTRUCTION

Once you have completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by **April 23, 2024**.

Franchi, et al v. Barlow Respiratory Hospital
c/o Kroll Settlement Administration
PO Box 225391
New York, NY 10150-5391



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