

In Re: Southern Ohio Health Systems Data Breach Settlement

Claim Form

You are only eligible to file a claim if your personal, medical, or financial information was potentially exposed in a data breach announced by Bricker & Eckler, L.L.P. on or about April 11, 2021. By submitting a claim and signing the certification below, you are verifying that you received a notice from Bricker law firm in April 2021 that your personal, medical, or financial information may have been compromised during the Incident.

The Settlement Notice describes your legal rights and options. To view or download the Settlement Notice and find more information regarding your legal rights and options, please visit the official Settlement Website at www.southernohiohealthsystemsdatabreachsettlement.com or call toll-free 1-888-846-0459.

The deadline for submitting your Claim Form is December 21, 2022. Please send your Claim Form by U.S. Mail, or email to the Settlement Administrator:

Southern Ohio Health Systems Data Breach Settlement
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Email: SOHSDataBreachSettlement@cptgroup.com

1. CLASS MEMBER INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Required Information:

First: _____ M: _____ Last: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Email: _____

2. PAYMENT FOR LOST TIME

You can make a claim to recover up to 4 hours of undocumented Attested Time (“Undocumented Time”) and up to 8 hours of “Documented Time,” paid at \$20.00 per hour.

UNDOCUMENTED TIME: If you spent time dealing with fraud or identity theft or to protect yourself from future harm that is fairly traceable to the Incident, then you may make a claim for payment for this time. All Settlement Class Members may submit a claim for reimbursement of undocumented Attested Time up to four (4) hours at \$20.00 per hour (up to \$80) for self-certified undocumented Attested Time.

To obtain reimbursement under this category, you must attest to the following.

I attest under penalty of perjury that I spent between one (1) and four (4) hours of documented time dealing with fraud or identity theft or to protect myself from future harm that is traceable to the Incident (round up to the nearest hour and check only one box).

1 Hour

2 Hours

3 Hours

4 Hours

DOCUMENTED TIME: If you spent time dealing with fraud or identity theft or to protect yourself from future harm that is fairly traceable to the Incident and can provide Reasonable Documentation of your claim, then you may make a claim for payment of up to eight (8) additional hours at \$20 per hour (up to an additional \$160). Reasonable Documentation includes documents such as receipts, telephone records, or contemporaneous correspondence.

To obtain reimbursement under this category, you must attest to the following and provide the required proof.

I attest under penalty of perjury that I spent between one (1) and eight (8) hours of documented time dealing with fraud or identity theft or to protect myself from future harm that is traceable to the Incident and can provide Reasonable Documentation (round up to the nearest hour and check only one box).

1 Hour

5 Hours

2 Hours

6 Hours

3 Hours

7 Hours

4 Hours

8 Hours

ATTACH DOCUMENTS: Attach a copy of all receipts, correspondence, confirmations, and other documents supporting the lost time claimed immediately above.

3. UNREIMBURSED ORDINARY OUT-OF-POCKET LOSSES

The Settlement provides for reimbursement of documented Out-of-Pocket Losses which mean out-of-pocket costs or expenditures that a Settlement Class Member actually incurred that are supported by Reasonable Documentation that have not otherwise been reimbursed. Out-of-Pocket Losses include but are not limited to things such as the purchase of identity protection services, credit monitoring services, or ID theft insurance **different from the services and insurance offered by Bricker** in the April 2021 notice of the Data Breach that were purchased after receipt of April 2021 notice but no later than July 31, 2021, and such expenses have not already been reimbursed by a third party. If you suffered Out-of-Pocket Losses and/or Extraordinary Out-of-Pocket Losses, then you can submit a claim for reimbursement up to \$5,000.

To obtain reimbursement under this category, you must attest to the following and provide the required proof.

I attest under penalty of perjury that I purchased credit reports or credit monitoring services that are different from the services and insurance offered by Bricker, after receipt of the April 2021 notice but no later than July 31, 2021, and such expenses have not already been reimbursed by a third party.

DATE	COST

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

ATTACH DOCUMENTS: Attach a copy of a receipt or other proof of purchase for each product or service purchased (you may redact unrelated transactions).

4. UNREIMBURSED EXTRAORDINARY OUT-OF-POCKET LOSSES

The Settlement also provides for reimbursement of Extraordinary Out-of-Pocket Losses which means out-of-pocket costs, expenditures, or other financial losses that a Settlement Class Member actually incurred that are supported by Reasonable Documentation and are for losses other than things such as the purchase of identity protection services, credit monitoring services, or ID theft insurance that have not otherwise been reimbursed. Extraordinary Out-of-Pocket Losses include, but are not limited to, funds stolen from financial accounts or funds expended by a Settlement Class Member because of or to remedy or address ID theft that occurred after receipt of April 2021 notice of the Data Breach but no later than September 22, 2022, are fairly traceable to the Data Security Incident, and such expenses have not already been reimbursed by a third party. If you suffered Out-of-Pocket Losses and/or Extraordinary Out-of-Pocket Losses, then you can submit a claim for reimbursement up to \$5,000.

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 Section 2 above, you may be entitled to compensation for your extraordinary expenses.

To obtain reimbursement under this category, you must attest to the following and provide the required proof.

I attest under penalty of perjury that I incurred out-of-pocket costs, expenditures, or other financial losses other than things such as the purchase of identity protection services, credit monitoring services, or ID theft insurance that have not otherwise been reimbursed.

DATE	DESCRIPTION	AMOUNT

Examples: This includes any other unreimbursed expenses or charges that are not otherwise accounted for in your answer in Section 2, including any expenses or charges that you believe were the result of an act of identity theft.

ATTACH DOCUMENTS: Attach copies of reasonable documentation such as receipts, telephone records, or contemporaneous correspondence.

5. COMPENSATION

In the event your claim is valid, and you qualify to receive a monetary payment, select the method by which you would like to receive the payment. A paper check will be mailed if a method of compensation is not selected. Please also confirm the email address listed in Section 1 is the correct email address to receive notification of your payment.

Please select only one:



Most widely accepted prepaid card -
Use with Apple Pay, Google Pay, Samsung Pay

GET A PREPAID MASTERCARD



No bank account required

USE PAYPAL



No bank account required

USE VENMO



Direct to your bank account

USE DIRECT DEPOSIT



Direct to your bank account

USE ZELLE

Paper Check By Mail

Allow 1-3 extra weeks for delivery

USE PAPER CHECK

6. CERTIFICATION

I affirm under the laws of the United States that the information supplied in this claim form is true and correct to the best of my knowledge. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Print Name: _____

Signature: _____

Date: _____

Once you've completed all applicable sections, please mail, or email this Claim Form and all required supporting documentation to the address provided below, postmarked by December 21, 2022.

Southern Ohio Health Systems Data Breach Settlement
c/o CPT Group Inc.
50 Corporate Park
Irvine, CA 92606
Email: SOHSDataBreachSettlement@cptgroup.com