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CLAIM FORM FOR EAST TENNESSEE CHILDREN'S HOSPITAL DATA BREACH BENEFITS

USE THIS FORM TO MAKE A CLAIM FOR LOST TIME PAYMENTS, OUT-OF-POCKET LOSS PAYMENTS, AND FREE CREDIT MONITORING

For more information, call 1-833-747-6027 or visit the website www.ETCHDataSettlement.com

The CLAIMS DEADLINE to submit this Claim Form online (or mail it postmarked) is February 17, 2024

I. GENERAL INSTRUCTIONS

If you were notified that your Private Information was potentially compromised in a cybersecurity attack on East Tennessee Children's Hospital, you are a Settlement **Class Member**. If your child(ren) was notified that their Private Information was potentially compromised in the same cybersecurity attack on East Tennessee Children's Hospital, they are a member of the **Minor Subclass**. The event that caused the loss of data is referred to here as the "Data Breach."

The Settlement establishes a \$1,550,000 Settlement Fund to repay Settlement Class Members for their lost time and Out-of-Pocket Losses, three (3) years of free credit monitoring services for Settlement Class Members, ten (10) years of Pango's Identity Defense Minor Service for the Minor Subclass, as well as for the Costs of Claims Administration, Plaintiffs' service awards, and attorneys' fees and expenses as awarded by the Court.

As a Settlement Class Member, you are eligible for cash payments as reimbursement for time and money spent in response to the Data Breach, as well as for any money you lost as a result of incidents of fraud or identity theft connected to the Data Breach. Independently of these cash payments, Settlement Class Members may also receive up to three years of free credit monitoring, as described below. In the alternative, you may forego all these benefits and claim the Alternative Cash Payment offered below. You must fill out this Claim Form to receive any of these benefits.

Minor Subclass members may receive:

Minor Subclass members, although not eligible for cash payments, may receive up to ten years of Pango's Identity Defense Minor Service, as described below. All members of the Minor Subclass shall be automatically provided with a code to activate ten (10) years of Pango's Identity Defense Minor Service. Said codes will be live after the Effective Date, and Minor Subclass members will have a one-year enrollment period in which to enroll in this coverage. This shall be the sole settlement benefit offered to Minor Subclass members and shall be provided without the need to file a claim or this Claim Form. Funding for this benefit shall precede funding of any Settlement Class Member Benefits offered below.

Settlement Class Members may receive:

Up to \$500.00 in recovery of Out-of-Pocket Losses and/or Lost Time (up to an aggregate cap of \$500) you have suffered as a result of the Data Breach. This money will be provided as reimbursement for the following types of losses:

- **Out of Pocket Losses.** You are eligible to receive reimbursement for money you paid to protect yourself after the Data Breach, such as unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after mailing of the Short Notice of Data Breach, through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges. You must submit documentation supporting your claims. This may include receipts or other documentation not "self-prepared" by you that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support other submitted documentation.



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- **Lost Time.** By filling out this Claim Form, you can attest to the amount of time you spent attempting to mitigate the effects of the Data Breach on your life. This can include, for example, time spent on the phone with banks, time spent dealing with replacement card issues or reversing fraudulent charges, time spent researching the Data Breach, time spent monitoring accounts, or time spent freezing your credit. You will be reimbursed for your time at \$15/hour for up to 5 hours. **You do not have to include documentation of your Lost Time. Instead, you can swear, under penalty of perjury, to the amount of time you spent.**

Up to \$5,000.00 reimbursed for any proven extraordinary monetary loss resulting from fraud or identity theft that is fairly traceable to the Data Breach. This money will be provided as reimbursement for the following types of losses:

- **Extraordinary Losses.** You are eligible to receive reimbursement for extraordinary monetary losses resulting from fraud and/or identity theft fairly traceable to the Data Breach if (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Breach; (iii) the loss occurred during a specified time period; (iv) the loss is not already covered by one or more of the normal reimbursement categories; (v) and you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance you paid to protect yourself after the Data Breach, such as money spent on a credit monitoring service.

Free Credit Monitoring. All Settlement Class Members may claim a free 3-year membership of one-bureau credit monitoring with at least \$1 million in fraud protection/identity theft insurance. To enroll in the Free Credit Monitoring, you must submit a valid Claim Form.

Alternative Cash Payment. All Settlement Class Members may, in lieu of the benefits outlined above, claim an Alternative Cash Payment of \$50 to be prorated according to the number of claims made by other Settlement Class Members. Any Settlement Class Member who elects to receive the Alternative Cash Payment will not be eligible to receive reimbursement for Out-of-Pocket Losses, Lost Time, Extraordinary Losses, or identity theft protection. Minor Subclass members are not eligible for this Alternative Cash Payment.

Cash payments amounts may be reduced *pro rata* (equally among Settlement Class Members) or increased *pro rata* depending on how many Settlement Class Members submit claims. Complete information about the Settlement and its benefits are available at www.ETCHDataSettlement.com.

This Claim Form may be submitted online at www.ETCHDataSettlement.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:

Blank v. East Tennessee Children's Hospital
c/o Kroll Settlement Administration
P.O. Box 225391
New York, NY 10150-5391



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II. CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Claims Administrator in writing at the address above.

Claimant Name: _____
First Name MI Last Name

Street Address: _____

Street Address Second Line: _____

City: _____ State: _____ Zip Code: _____

Class Member ID: **69679** _____

If you received a notice of this Settlement by U.S. mail, your Class Member ID is on the envelope or postcard. If you received a notice of this Settlement by email, your Class Member ID is in the email.

E-mail Address: _____ @ _____

[optional] Daytime Phone Number: (_____) _____ - _____

[optional] Evening Phone Number: (_____) _____ - _____

You may select a:

III. LOST TIME PAYMENT

Please check off this box for this section if you are electing to seek reimbursement for Lost Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Breach.

- *Settlement Class Members who elect to submit a claim for Lost Time Payment may claim, together with Out-of-Pocket Losses, no more than \$75 at \$15/hour for five hours of time actually spent addressing issues arising from the Data Breach. If you are selecting reimbursement for Lost Time, you must fill in the blanks in this section and sign the certification at the end of the Claim Form.*

I, _____, declare that I suffered lost time. Specifically, I spent the following
/Name/

number of hours attempting to prevent fraud or mitigate fraud and identity theft related to the Data Breach:

_____ hours (rounded to the nearest half-hour)





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And, if applicable, the following:

IV. REIMBURSEMENT FOR OUT-OF-POCKET AND/OR EXTRAORDINARY LOSSES

Please check off this box for this section if you are electing to seek reimbursement for **Out-of-Pocket Losses** and/or **Extraordinary Losses**, which claimed losses, together with your **Lost Time Payment** above, may total no more than \$5,500. You must provide reasonable documentation of the claimed **Out-of-Pocket Losses** and/or **Extraordinary Losses**.

In order to make a claim for **Out-of-Pocket Losses** and/or **Extraordinary Losses**, **you must** (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (Section VI); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. **Out-of-Pocket Losses** and/or **Extraordinary Losses** need to be deemed fairly traceable to the East Tennessee Children’s Data Breach by the Claims Administrator based on the documentation you provide and the facts of the Data Breach.

Failure to meet the requirements of this section may result in your claim being rejected by the Claims Administrator.

Below are examples of supporting documentation for each loss type. (Note these are just some examples and not an exhaustive list.)

Unreimbursed fraud losses or charges

- *Account statement with unauthorized charges highlighted;*
- *Correspondence from financial institution declining to reimburse you for fraudulent charges*

Miscellaneous expenses, such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.

- *Phone bills*
- *Gas receipts*
- *Postage receipts*
- *Detailed list of locations to which you traveled (i.e. police station, IRS office) why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the data breach*

Professional fees incurred in connection with identity theft or falsified tax returns

- *Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return*

Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing

- *Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive tax refund and amount of.*

Credit freeze

- *Receipts or account statements reflecting purchases made for credit monitoring and insurance services*

Other (provide detailed description)

- *Please provide detailed description below or in a separate document submitted with this Claim Form*

Credit Monitoring ordered after receipt of the Data Breach Notice

- *Receipts or account statements reflecting purchases made for credit monitoring and insurance services*



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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Unreimbursed fraud losses or charges	____/____/____ (mm/dd/yyyy)	\$_____.	
Professional fees	____/____/____ (mm/dd/yyyy)	\$_____.	
Credit freeze	____/____/____ (mm/dd/yyyy)	\$_____.	
Credit Monitoring	____/____/____ (mm/dd/yyyy)	\$_____.	
Miscellaneous expenses	____/____/____ (mm/dd/yyyy)	\$_____.	
Damages in connection with fraudulent tax return filing	____/____/____ (mm/dd/yyyy)	\$_____.	
Other (provide detailed description)	____/____/____ (mm/dd/yyyy)	\$_____.	

If you **do not submit** reasonable documentation supporting a claim for Out-of-Pocket Losses and/or Extraordinary Losses, or your claim for an Out-of-Pocket Losses and/or Extraordinary Loss payment is rejected by the Claims Administrator for any reason and you do not cure the defect, only your claim(s) for Lost Time and/or Credit Monitoring and Insurance Services, if such claims are made, will be considered.



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And you may select:

V. FREE CREDIT MONITORING

Please check off this box for this section if you are electing to receive a free 3-year membership of one-bureau credit monitoring with at least \$1 million in fraud protection/identity theft insurance.

Or, you may select:

VI. ALTERNATIVE CASH PAYMENT

Please check off this box if you are electing to receive a \$50 Alternative Cash Payment in lieu of the free credit monitoring services and cash payments for Lost Time and Out-of-Pocket Losses and/or Extraordinary Losses being offered to you. This amount may be reduced on a *pro rata* basis depending upon the number of claims approved.

VII. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Claims Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Claims Administrator.

Signature

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

Print Name

Questions? Go to www.ETCHDataSettlement.com or call 1-833-747-6027