Must be postmarked or submitted online NO LATER THAN November 2, 2026

CONNECTONCALL DATA INCIDENT
SETTLEMENT ADMINISTRATOR
P.O. BOX 4274
PORTLAND, OR 97208-4274
ConnectOnCallSettlement.com

In re ConnectOnCall.com Data Breach Litigation, Claim Form

Case No. 2:24-cv-08790-SJB-JMW

GENERAL INFORMATION

This Claim Form applies to the Settlement that has been reached in a class action lawsuit involving a Data Incident between February 16, 2024, and May 12, 2024 in connection with ConnectOnCall, an after-hours on-call answering service used by healthcare providers in the United States.

By timely submitting this Claim Form, you will be included in the Settlement Class identified in the Notice and the Class Action Settlement Agreement and Release. **If you also submit a Request for Exclusion (in other words, if you ask to "opt out" of the Settlement Class), this Claim Form will be deemed invalid. If you fail to timely submit a Valid Claim or Request for Exclusion, you will release your claims against Defendants without receiving Dark Web and Medical Data Monitoring or any type of Cash Payment.**

SETTLEMENT BENEFIT OPTIONS

You may submit a Claim for the following:

1. **Dark Web and Medical Data Monitoring**: You are eligible for two years of Dark Web and Medical Data Monitoring provided through CyEx Medical Shield Complete. The Dark Web and Medical Data Monitoring will provide the following benefits: dark web monitoring, medical identity monitoring, real-time alerts, and insurance coverage for up to $1,000,000 for medical identity theft.

and

2. **Cash Payment A – Documented Losses**: If you have actual, documented, and unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your Private Information attributed to the Data Incident, you are eligible to submit a Claim for a Cash Payment of up to $5,000 for documented losses, subject to the following requirements. To receive a documented loss payment, you must (i) elect Cash Payment A below; (ii) attest under penalty of perjury to having communicated after-hours with a healthcare provider or their office between May 12, 2014, and May 12, 2024, and incurred documented losses attributed to the Data Incident; and (iii) provide a description of the documented losses along with supporting documentation that is not self-prepared. You will not be reimbursed for losses if you have been reimbursed for the same losses by another source in connection with the identity protection and credit monitoring services offered as part of the notification letter provided by Defendants or otherwise.

or

3. **Cash Payment B – Alternate Cash**: Even if you do not have documented losses, you are eligible to submit a Claim for an alternate Cash Payment for a maximum amount of $75. To receive an alternate Cash Payment, you must (i) elect Cash Payment B below; and (ii) attest under penalty of perjury to having communicated after-hours with a healthcare provider or their office between May 12, 2014, and May 12, 2024.

In the event the amount of Valid Claims exhausts the Settlement Fund, the amount of the Cash Payments will be reduced pro rata accordingly. For purposes of calculating whether any pro rata decrease to the amount of Cash Payments is necessary, the Settlement Administrator must distribute the funds in the Settlement Fund in the following order: (1) Dark Web and Medical Data Monitoring; (2) Cash Payment A – Documented Losses; and (3) Cash Payment B – Alternate Cash.

* * *

Please Note: The Settlement Administrator may contact you to request additional documents to process your Claim.
For more information and complete instructions, visit **ConnectOnCallSettlement.com**.

Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes final.

Questions? Go to **ConnectOnCallSettlement.com** or call **1-877-313-8735**.

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Contact Information

1. NAME (REQUIRED):

First Name | MI | Last Name

2. MAILING ADDRESS (REQUIRED):

Street Address

Apt. No.

City | State | ZIP Code

3. PHONE NUMBER:

– –

4. EMAIL ADDRESS:

5. UNIQUE ID (FOUND IN YOUR NOTICE):

Dark Web and Medical Data Monitoring

You may be eligible to receive Dark Web and Medical Data Monitoring services.

All Settlement Class Members are eligible to claim Dark Web and Medical Data Monitoring services.

Please select the checkbox if you want the Dark Web and Medical Data Monitoring services for which you are eligible.

☐ **Dark Web and Medical Data Monitoring**: I want to receive two years of Dark Web and Medical Data Monitoring services at the email entered in the section above.

If you select this option, you will be sent instructions and an activation code after the Settlement is final. Enrollment in this service will not subject you to marketing for additional services or any required payments.

Cash Payment A – Documented Losses

If you have actual, documented, and unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your Private Information attributed to the Data Incident, you are eligible to submit a Claim for a Cash Payment of up to $5,000 for documented losses, subject to the requirements below.

To receive a documented loss payment, you must (i) elect Cash Payment A by completing the fields below; (ii) attest under penalty of perjury to having communicated after-hours with a healthcare provider or their office between May 12, 2014, and May 12, 2024, and incurred documented losses attributed to the Data Incident; and (iii) provide a description of the documented losses along with supporting documentation that is not self-prepared.

To look up more details about how the Cash Payments work, visit **ConnectOnCallSettlement.com** or call toll-free **1-877-313-8735**. Please also review the Long-Form Notice on the Settlement Website, which provides examples of what documents you need to attach and the types of expenses that can be claimed. *By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data incidents or breaches.*

Expense Type and Examples of Documents	**Amount and Date**	**Description of Expense or Money Spent and Supporting Documents** (Identify what you are attaching, and why it's related to the Data Incident.)
Professional fees incurred to address identity theft or fraud, such as falsified tax returns and account fraud *Examples: Receipts, notices, or account statements reflecting payment for a credit freeze or unfreezing*	$ ☐☐☐☐☐ • ☐☐ ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Other losses or costs resulting from identity theft or fraud (provide detailed description) fairly traceable to the Data Incident *Examples: Account statement with unauthorized charges circled, bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased*	$ ☐☐☐☐☐ • ☐☐ ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Other miscellaneous expenses such as notary, fax, postage, copying, mileage, and/or long-distance telephone charges related to the Data Incident *Examples: Phone bills, receipts, detailed list of addresses you traveled (e.g., police station, IRS office), reason why you traveled there (e.g., police report or letter from IRS re: falsified tax return) and number of miles you traveled*	$ ☐☐☐☐☐ • ☐☐ ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____

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Cash Payment B – Alternate Cash Payment

Even if you do not have documented losses, you are eligible to submit a Claim for an alternate Cash Payment of a maximum amount of $75.

☐ **By checking this box, I affirm I want to receive Cash Payment B - Alternate Cash Payment.**

Payment Election

If your claim is eligible, you will receive payment by check at the mailing address provided above unless you select **one** of the electronic payment options below and provide the email address or phone number associated with your account:

#1 Digital Payment Account – Payment Option

☐ PayPal ☐ Venmo ☐ Zelle

*Provide the email **OR** phone number, **NOT** both, associated with your selected digital payment account.*

Email Address

OR Phone Number

___ – ___ – ____

#2 ACH Transfer: Direct Electronic Payment to a Bank Account – Payment Option

☐ Checking Account ☐ Savings Account

Routing Number

Account Number

#3 Digital Card by Email – Payment Option

☐ Mastercard

Email Address for Delivery

If you select more than one payment option, you will be mailed a check.

Questions? Go to **ConnectOnCallSettlement.com** or call **1-877-313-8735**.

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Signature

By signing below and submitting this Claim Form, I hereby declare under penalty of perjury that I am the person identified on the Claim Form, and that all of the information I have provided above, including information related to the use of the ConnectOnCall Platform and any losses attributed to the Data Incident, is true and accurate.

I also declare under penalty of perjury that I communicated after-hours with a healthcare provider or their office between May 12, 2014, and May 12, 2024.

I understand that the Parties and the Settlement Administrator have the right to verify the accuracy of any information I provide, and that the Settlement Administrator may ultimately determine I am not entitled to receive the Settlement Class Member Benefits I have elected above. I understand that I may be asked to provide more information by the Settlement Administrator before my Claim is complete.

Signature

Date: MM – DD – YYYY

Print Name