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Must be postmarked or submitted online NO LATER THAN January 12, 2027

Compumedics Settlement
SETTLEMENT ADMINISTRATOR
P.O. BOX 4636
PORTLAND, OR 97208-4636
CompumedicsSettlement.com

Hill, et al. v. Compumedics USA, Inc. Claim Form
Case No. CACE-26-009585
(Fla. Cir. Ct., Broward Cnty.)

GENERAL INFORMATION

If your Private Information may have been impacted in the Data Incident involving Compumedics USA, Inc., that occurred between approximately February 15, 2025, and March 23, 2025, you may be entitled to Settlement Benefits.

The easiest way to submit a Claim is online at CompumedicsSettlement.com, or you can print out, complete, and mail this entire Claim Form (with any required documentation) to the mailing address above. **Claims must be submitted online or mailed and postmarked by JANUARY 12, 2027. If you would prefer to submit by mail, please use the address at the top of this form.**

SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you are a Settlement Class Member, you can submit a Claim for the following Cash Payments:

1. **Cash Payment A – Extraordinary Documented Losses**: Up to $2,500 for reasonable documented losses due to identity theft or fraud arising from the Data Incident. You *must* provide documentation of your losses with your Claim;

   OR

2. **Cash Payment B – Alternate Cash**: A pro rata (a legal term meaning equal share) flat cash payment from the $500,000 Cash Payments Fund. You do *not* need to provide documentation of your losses with your Claim.

Medical Data Monitoring: You will automatically be entitled to receive one year of free Medical Data Monitoring. The Medical Data Monitoring activation code will be provided on your Settlement Notice and can be activated after Final Approval.

Your Alternate Cash payment may be subject to a pro rata increase or decrease depending upon the total value of all Valid Claims submitted for Alternate Cash.

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Please note: The Settlement Administrator may contact you to request additional documents to process your Claim.

For more information and complete instructions, visit the Settlement Website at **CompumedicsSettlement.com**.

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

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Contact Information

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form. All fields are required. Please print legibly.

1. NAME (REQUIRED):

First Name | MI | Last Name

2. MAILING ADDRESS:

Street Address

Apt No.

City | State | ZIP Code

3. PHONE NUMBER:

– –

4. DATE OF BIRTH:

5. EMAIL ADDRESS:

6. UNIQUE ID NUMBER:

Medical Data Monitoring

Without submitting a Claim, you will receive an activation code for one year of free Medical Data Monitoring services. Medical Data Monitoring activation codes are located on your Settlement Notice. Please keep your Notice, as you will only be able to activate the free Medical Data Monitoring after Final Approval.

After Final Approval, go to CompumedicsSettlement.com or call toll-free 1-877-272-8716 for instructions on how to activate your Medical Data Monitoring code.

Cash Payment A – Extraordinary Documented Losses

You may submit a Claim Form with reasonable documentation for losses due to identity theft or fraud arising from the Data Incident for up to $2,500 per Settlement Class Member.

Examples of Extraordinary Documented Losses include unreimbursed losses that are more likely than not directly arising from actual fraud or identity theft as a result of the Data Incident and may include, but are not limited to, the 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.

Examples of reasonable documentation include, but are not limited to, telephone records, correspondence (including emails), or receipts. "Self-prepared" documents such as handwritten receipts, personal certifications, declarations, or affidavits are, by themselves, insufficient to receive reimbursement, but can be considered to clarify or support other submitted documentation.

You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source, including payment provided in connection with any credit monitoring or identity theft protection product.

If you do not submit reasonable documentation supporting your loss, or if the Settlement Administrator determines your Claim is incomplete, and you do not fix your Claim, your Claim will be processed as if you elected Cash Payment B – Alternate Cash.

To look up more details about how the Cash Payments work, visit **CompumedicsSettlement.com** or call toll-free **1-877-272-8716**. *By filling out the boxes below, you are certifying that the money you spent does not relate to other data incidents or breaches.*

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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 is related to the Data Incident.)
Professional fees incurred due to identity theft or fraud arising from the Data Incident, such as falsified tax returns and account fraud *Examples: Receipts, notices, or account statements reflecting payment for a credit freeze or unfreezing*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	
Other losses or costs due to identity theft or fraud arising from 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*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	
Other miscellaneous expenses such as notary, fax, postage, copying, mileage, and/or long-distance telephone charges due to identity theft or fraud arising from 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*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	

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Cash Payment Option B – Alternate Cash

Instead of Cash Payment A – Extraordinary Documented Losses, you may submit a Claim Form to receive a pro rata (a legal term meaning equal share) flat cash payment from the $500,000 Cash Payments Fund. You do *not* need to provide documentation of your losses with your Claim.

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

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Payment Election

If your Claim is eligible, you will receive payment by check 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

☐ Venmo ☐ Zelle ☐ PayPal

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

Email Address

OR Phone Number

___ – ___ – ____

#2 Digital Card by Email – Payment Option

☐ MasterCard Choice

Email Address for Delivery

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

☐ Checking Account ☐ Savings Account

Routing Number

Account Number

#4 Physical Check Sent by Mail – Payment Option

Sent by mail to the address on this Claim.

☐ Physical Check

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

Signature

I attest under penalty of perjury and under the laws of the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my Claim are true and correct to the best of my knowledge.

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