

Your claim must be submitted online or postmarked by: **AUGUST 3, 2023**

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, CHANCERY DIVISION**

Lhota et al. v. Michigan Avenue Immediate Care, S.C.
Case No. 2022-CH-06616 (Ill. Cir. Ct. Cook Cnty.)
Claim Form

**Michigan
Avenue
Immediate
Care, S.C.**

GENERAL INSTRUCTIONS

If your Personally Identifiable Information (“PII”), Protected Health Information (“PHI”), and/or Protected Biometric Information (“PBI”) was potentially compromised in the cybersecurity incident involving Michigan Avenue Immediate Care, S.C.’s (“MAIC”) computer network in May 2022 (the “Data Incident”), and you were the subject of the Notice of Data Breach that MAIC published on June 30, 2022 (the “Notice of Data Breach”), you are likely a Settlement Class Member and are eligible to complete this Claim Form.

Settlement Class Members may file claims for (a) an Alternative Cash Payment, or (b) Documented Out-of-Pocket Losses:

- Alternative Cash Payment of \$50 for Settlement Class Members.
- Documented Out-of-Pocket Losses: Up to \$2,500 for unreimbursed ordinary losses, including Out-of-Pocket Expenses and Lost Time reimbursement (below).
 - Lost Time: Reimbursement for up to four (4) hours of Lost Time spent responding to issues raised by the Data Breach (\$25 per hour).

This Claim Form may be submitted electronically via the Settlement Website at www.MAICincident.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:

MAIC Settlement Administrator
c/o RG/2 Claims Administration
P.O. Box 59479
Philadelphia, PA 19102-9479

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

II. ALTERNATIVE CASH PAYMENT OF \$50

Check this box if you wish to receive the Alternative Cash Payment of \$50.

Eligibility: Any Settlement Class Member who does not wish to submit further documentation.

Note: You can only select one (1) of the Alternative Cash Payment or Documented Out-of-Pocket Losses

III. DOCUMENTED OUT-OF-POCKET LOSSES UP TO \$2,500

Check this box if you incurred out-of-pocket losses as a result of the Data Breach and wish to be reimbursed for ordinary losses up to \$2,500.00.

Settlement Class Members are eligible for compensation for unreimbursed ordinary losses up to a total of \$2,500.00 per Settlement Class Member, upon submission of a valid Claim Form and supporting documentation (except for claims for lost time).

Ordinary losses may include: (a) out-of-pocket expenses incurred as a result of the Data Incident, such as the following: (i) bank fees, (ii) long distance phone charges, (iii) cell phone charges (only if charged by the minute), (iv) data charges (only if charged based on the amount of data used), (v) postage, and (vi) gasoline for local travel; (b) fees for credit reports, credit monitoring, or other identity theft insurance product purchased between June 30, 2022 and the Claims Deadline; and (c) up to four (4) hours of lost time, calculated at \$25/hour, for time spent responding to issues raised by the Data Breach.

Questions? Go to www.MAICincident.com or call 1-800-266-1652

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Please note that the above list of reimbursable documented ordinary losses is not meant to be exhaustive, but is exemplary. You may make claims for any documented losses that you believe are reasonably related to the Data Breach or to mitigating the effects of the Data Breach.

Total amount claimed for this category \$

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Compensation for Lost Time

I certify that I spent the following number of hours responding to issues raised by the data breach:

IV. PAYMENT OPTIONS

Settling Class Members whose claim forms are determined to be timely and valid will receive their cash payments via an electronic payment method or by check. Please ensure you provide a current, valid email address in Section I of this claim form. If the email address you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment.

Please select from **one** of the following payment options:

Electronic Payment - Once the Settlement is approved and if you are eligible for payment, you will receive an email from Huntington Bank advising you that your payment is ready and you may choose from Paypal; Venmo; Zelle; or Bank Transfer.

Physical Check - Payment will be mailed to the address provided above.

VII. ATTESTATION & SIGNATURE

I affirm that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Printed Name

Date

Claim ID shown on postcard mailed to you

Confirmation Code on postcard mailed to you

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