

#### CLAIM FORM FOR ARIETIS HEALTH, LLC MOVEIT SECURITY INCIDENT SETTLEMENT

In re: MOVEit Customer Data Security Breach Litig.

ARIETIS HEALTH, LLC

# USE THIS FORM, ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS, TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES.

#### **GENERAL INSTRUCTIONS**

If you were notified by Arietis Health, LLC that your personally identifying information and/or protected health information was impacted by Arietis' MOVEit-related security incident that resulted from an alleged vulnerability in the third-party file transfer software, MOVEit Transfer (the "Security Incident"), you are a member of the Settlement Class and eligible to complete this Claim Form to receive one or more of the following (1) compensation for documented, unreimbursed out-of-pocket expenses related to the Security Incident, up to \$5,000; (2) compensation for lost time spent responding to the Security Incident at \$25 per hour, up to \$100; and (3) medical data monitoring, credit monitoring, and identity theft protection services.

Reimbursement for Out-of-Pocket Losses include the following claims:

- 1. out-of-pocket expenses incurred as a result of the Security Incident, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel;
- 2. fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after May 31, 2023, through April 3, 2025; and
- 3. monetary losses, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the Security Incident.

Compensation for the above losses will only be paid if:

- the loss is an actual, documented, and unreimbursed monetary loss;
- the loss was more likely than not caused by the Security Incident;
- the loss occurred between May 31, 2023 and April 3, 2025; and
- documentation of the claimed losses is not "self-prepared." Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

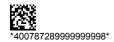
Compensation for Lost Time includes reimbursement for time spent dealing with the Security Incident, compensated at a rate of \$25 per hour for up to \$100. To receive compensation for such losses, you must attest to those losses and provide a narrative description of the time spent.

In addition to recovery of Out-of-Pocket Losses and Lost Time, Settlement Class Members may elect to enroll in medical data monitoring, credit monitoring, and identity theft protection services.

Please read the Claim Form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website, ArietisDataSettlement.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 the following:

MOVEit- Arietis Health Settlement Administrator P.O. Box 5765 Portland, OR 97228-5765



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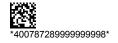
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#### **III. COMPENSATION FOR OUT-OF-POCKET LOSSES**

Members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$5,000, due to the Security Incident:

		1								
Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss								
Out-of-pocket expenses incurred due to the MOVEit Security Incident, including bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel	MM DD YYYY	\$								
	ation: Phone bills, gas receipts, posta office), why you traveled there (e.g., p									
Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after May 31, 2023, through April 3, 2025	MM DD YYYY	\$								
Examples of Supporting Document monitoring or identity theft insurance	ation: Receipts or account statements services	reflecting purchases made for credit								
Other monetary losses relating to fraud or identity theft, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services, incurred due to the Security Incident	MM DD YYYY	\$								
Examples of Supporting Document fees/services	tation: Invoices or statements reflect	ting payments made for professional								



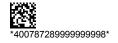
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IV. COMPENSATION FOR LOST TIME	
Members of the Settlement Class who have spent time dealing with the Security Incident may claim up to four l	hour

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VII. MEDICARE BENEFICIARY
Please check this box if you were a Medicare beneficiary during the time period of May 31, 2023 to present.
If you are a Medicare beneficiary receiving more than \$750 under this Settlement, the Settlement Administrator may need to contact you for additional information related to Medicare reporting requirements.
VIII. ATTESTATION & SIGNATURE
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 Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claims for payments under this Settlement 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 Settlement Administrator.
Date:
Signature MM DD YYYY
Printed Name