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**Your claim must  
be submitted  
online or  
postmarked by  
April 3, 2025.**

**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](http://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

Questions? Go to [ArietisDataSettlement.com](http://ArietisDataSettlement.com) or call (844) 717-2961.



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ARIETIS HEALTH, LLC

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 MI Last Name

Street Address

City State ZIP Code

Email Address

Current Phone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Unique ID Number provided on your Postcard or Email Notice:

Unique ID

Questions? Go to ArietisDataSettlement.com or call (844) 717-2961.



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ARIETIS HEALTH, LLC

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:

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	\$ .
<b>Examples of Supporting Documentation:</b> Phone bills, gas receipts, postage receipts; list of locations to which you traveled (e.g., police station, IRS office), why you traveled there (e.g., police report or letter from IRS), and number of miles traveled		
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	\$ .
<b>Examples of Supporting Documentation:</b> Receipts or account statements reflecting purchases made for credit monitoring or identity theft insurance services		
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	\$ .
<b>Examples of Supporting Documentation:</b> Invoices or statements reflecting payments made for professional fees/services		

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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 hours for lost time at a rate of \$25 per hour.

Hours claimed (up to 4):

Form with checkboxes for 1 Hour, 2 Hours, 3 Hours, and 4 Hours.

V. MEDICAL DATA MONITORING, CREDIT MONITORING, AND IDENTITY THEFT PROTECTION

Settlement Class Members who submit a timely claim may elect to be signed up for medical data monitoring, credit monitoring, and identity theft protection services. This benefit is in addition to a claim for reimbursement of out-of-pocket losses, lost time, or both. To claim this alternative cash payment, please check the box below.

Form with a checkbox and text: Check this box if you wish to be signed up for medical data monitoring, credit monitoring, and identity theft protection services.

VI. PAYMENT SELECTION

Please select one of the following payment options, which will be used should you be eligible to receive a Settlement Payment:

Form with a checkbox and text: PayPal - Enter your PayPal email address: followed by a long grid of input boxes.

Form with a checkbox and text: Venmo - Enter the mobile number associated with your Venmo account: Mobile Number: followed by a grid of input boxes.

Form with a checkbox and text: Zelle - Enter the mobile number or email address associated with your Zelle account: Mobile Number: followed by a grid of input boxes, and Email Address: followed by a long grid of input boxes.

Form with a checkbox and text: Physical Check - Payment will be mailed to the address provided above.

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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.

Signature

Date: 

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MM DD YYYY

Printed Name

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