Wilkins et al. v. Mulkay Cardiology Consultants at Holy Name Medical
Center P.C. and Mulkay Cardiology Consultants, P.C.
Case No. BER-L-006203-23
New Jersey Superior Court, Bergen County Law Division

be submitted online or postmarked by: FEBRUARY 22, 2025

Your claim must

#### **MULKAY DATA BREACH SETTLEMENT CLAIM FORM**

### **GENERAL INSTRUCTIONS**

If you are a part of the Settlement Class you may use this form to make a claim for reimbursement for documented out-of-pocket expenses, attested lost time, and/or extraordinary losses, as well as enroll in free credit monitoring services.

The **Settlement Class** includes: All individuals in the United States who were impacted by the Data Incident, including all who were sent a notice of the Data Incident that occurred on or around September 1 to September 5, 2023.

**Data Incident** means the data security incident that occurred between September 1, 2023 and September 5, 2023, whereby an unknown and unauthorized criminal actor gained access to Mulkay's network and accessed certain current and former patients' Private Information that Mulkay collected and maintained.

**Private Information** means the information potentially accessed during the Data Incident, including individual names, Social Security numbers, and medical information.

# COMPLETE THIS CLAIM FORM IF YOU ARE A SETTLEMENT CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS

The deadline to submit a Claim Form online is **February 22, 2025**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than **February 22, 2025**.

I. SETTLEMENT 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 claim form.				
First Name	Last Name			
Street Address				
City	State	Zip Code		

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September 1, 2023 and October 25, 2024.

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Email Address (Required)	Telephone Number	
Notice ID Number, if known		
II. ALTERNATIVE CASH PAYMENT		
is in lieu of seeking reimbursement for Out	time Alternative Cash Payment of \$48. The cash -of-Pocket Expenses, Lost Time, and Extraordina lternative Cash Payment, please proceed to Se	ary Losses.
III. DOCUMENTED OUT-OF-POCKET EXPENS	SES (UP TO \$500.00)	
result of the Data Incident. You <b>must</b> (i) f this Claim form; (ii) submit supporting do seeking reimbursement for; and (iii) sign t	sement for <b>documented</b> Out-of-Pocket Expense fill out the information below and/or on a separacumentation demonstrating the actual, unreim the attestation at the end of this Claim Form (second the supporting documentation you are su	ate sheet submitted with bursed expenses you are ction VI).
Complete the chart below desc	cribing the supporting documentation you are su	Difficulty.
Cost Type & Date	Description of Documentation Provided	Amount
Example: unreimbursed bank fees, phone	Example: Statement demonstrating	\$XX.00
and/or data charges, postage, gasoline for	unreimbursed bank fees	
local travel, fees for credit reports and/or		
monitoring product purchased between		

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QUESTIONS? VISIT <u>WWW.MULKAYDATABREACHSETTLEMENT.COM</u> OR CALL TOLL-FREE (866) 675-2206

**TOTAL OUT-OF-POCKET EXPENSES:** 

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IV. DOCUMENTED EXTRAORDINARY LOSSES (UP TO \$5,000.00)				
as a result of the Data Incident. You <b>must</b> (i) fill with this Claim form; (ii) submit supporting docu are seeking reimbursement for; and (iii) sign the a	t for <b>actual, documented</b> Extraordinary Losses that we out the information below and/or on a separate shee mentation demonstrating the actual, unreimbursed exattestation at the end of this Claim Form (section VI).  the supporting documentation you are submitting.	t submitted		
Cost Type & Date	Description of Documentation Provided	Amount		
Example: Monetary loss as a result of actual identity theft that occurred between September 1, 2023 and October 25, 2024.	Example: Unauthorized tax returns filed using the Social Security Number compromised in the Data Incident where the IRS mailed your return to an unauthorized address.	\$XX.00		
	TOTAL EXTRAORDINARY LOSSES:			
V. REIMBURSEMENT FOR ATTESTED LOST TIME (UP	TO \$75)			
	Lost Time spent dealing with the Data Incident. By claimed below was spent responding to issues raised			
Indicate the number of hours spent: $\ \square$ 1 Hour $\ \square$ 2	2 Hours □ 3 Hours			
VI CREDIT MONITORING SERVICES				

provide a valid email address in Section I to receive instructions for how to enroll in credit monitoring services.

CLAIM FORM

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Check this box if you wish to accept two years of free credit monitoring services or one additional year for Class Members who already enrolled in Mulkay's previous offer for one year of credit monitoring services. You must

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VII. PAYMENT SELECTION		
Please select <b>one</b> of the following payment option:	s if you are seeking reimburseme	nt under Sections II or III above.
☐ <b>PayPal</b> - Enter your PayPal email address:		
☐ <b>Venmo -</b> Enter the mobile number associated v	vith your Venmo account:	·
☐ <b>Zelle -</b> Enter the mobile number or email addre	ess associated with your Zelle acc	count:
Mobile Number: or E	Email Address:	
☐ Virtual Prepaid Card - Enter your email address	ss:	
☐ <b>Physical Check -</b> Payment will be mailed to the	e address provided in Section I ab	oove.
VIII. ATTESTATION & SIGNATURE		
I swear and affirm that the information provided in and correct to the best of my knowledge. I underst provide supplemental information by the Settleme	and that my claim is subject to ve	erification and that I may be asked to
Signature	Printed Name	 Date