

**Your claim must
be submitted
online or
postmarked by:
FEBRUARY 22,
2025**

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

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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 Mulkey's network and accessed certain current and former patients' Private Information that Mulkey 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

CLAIM FORM

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

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VII. PAYMENT SELECTION

Please select **one** of the following payment options if you are seeking reimbursement under Sections II or III above.

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

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

VIII. ATTESTATION & SIGNATURE

I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date

CLAIM FORM

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