

**Must be postmarked or submitted online
NO LATER THAN November 16, 2023**

Hinds v. Community Medical Centers, Inc.
c/o CPT Group, Inc.
50 Corporate Park, Irvine, CA 92606
www.Community-Settlement.com

Community Medical Centers, Inc. Data Incident Settlement Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If your personally identifiable information and/or personal health information was potentially compromised as a result of a data incident (the “Incident”) first announced by Community Medical Centers, Inc. (“CMC”) on or about October 25, 2021, you are a Settlement Class Member and may submit a claim for Settlement Benefit(s). If you received notice of this settlement, you have been identified by CMC as a Settlement Class Member and you may submit a claim for Settlement Benefit(s).

The easiest way to submit a claim is online at www.Community-Settlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one of these benefits:

Use the Claim Form to request one of the following:

1. **Cash Payment Benefit:** All Settlement Class Members who submit a Valid Claim for the Cash Payment Benefit are eligible to receive a pro rata cash distribution payment from the Settlement Fund referred to as the “Settlement Share” estimated to be approximately **\$39**, subject to upward or downward proration depending upon how many valid Claim Forms are submitted; **OR**
2. **Identity Theft Protection Package:** All Settlement Class members who submit a Valid Claim for the Identity Theft Protection Package are eligible to receive thirty-six (36) months of free identity theft protection and fraud resolution services called “Financial Shield” from Pango. Settlement Class Members who validly elect Financial Shield by Pango will have ninety (90) days after the code is sent to them by Pango to activate their Identity Theft Protection Package subscription.

Claims must be submitted online or mailed by November 16, 2023. Use the address at the top of this form for mailed claims.

Please note: The Settlement Administrator may contact you to request additional information to process your claim.

For more information on the Settlement Benefits, how the Settlement Administrator will decide whether to approve your payments, and for complete instructions, **visit www.Community-Settlement.com.**

Settlement Benefits will be distributed only after the Settlement is finally approved by the Court.

Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing Community-Settlement@cptgroup.com.

First Name

MI Last Name

Mailing Address

City

State

ZIP Code

Phone Number

 - -

Date of Birth (MM/DD/YYYY)

 / /

Email Address

CPT ID (located on the postcard notice mailed to you)

Cash Payment Benefit

You can receive a cash payment of **approximately \$39**, subject to upward or downward proration. This amount cannot be combined with a claim for the Identity Theft Protection Package.

Please check below to receive a Cash Payment Benefit.

- Receive a cash payment of approximately **\$39** (subject to upward or downward proration)

Identity Theft Protection Package

Instead of the cash payment, you can receive thirty-six (36) months of free identity theft protection and fraud resolution services from Pango called "Financial Shield."

Please check below to receive Financial Shield.

- Receive 36 months of Financial Shield by Pango

How You Would Like to Receive Your Cash Payment

If you make a claim for a cash payment using this Claim Form, you will receive your payment by check. You can elect to receive your payment as a digital payment by submitting your claim online at www.Community-Settlement.com. (You could receive payment as an ACH direct deposit, prepaid debit card, PayPal, Venmo or Zelle). Checks must be cashed within 90 days of receiving them.

Signature

I affirm under the laws of the State of California that the information supplied in this Claim Form is true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Signature

Date: ____ - ____ - ____
MM DD YYYY

Print Name