IWP Data Settlement Administrator

P.O. Box 1031, Baton Rouge LA 70821 and www.IWPDataSettlement.com

Your Claim Form Must Be Submitted Electronically or Postmarked by December 9, 2024

Webb et al. v. Injured Workers Pharmacy, LLC

Case No. 1:22-cv-10797-RGS, United States District Court for the District of Massachusetts, Eastern Division

CLAIM FORM

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT WWW.IWPDATASETTLEMENT.COM OR POSTMARKED NO LATER THAN DECEMBER 9, 2024.

ATTENTION: This Claim Form is to be used to apply for relief related to the Data Incident that was discovered in May 2021, and potentially impacted individuals. All Settlement Class Members are eligible to receive: (i) Credit Monitoring: two (2) years of Credit Monitoring Services, (ii) Compensation for Unreimbursed Economic Losses: reimbursement of up to \$5000, and (iii) a Pro Rata Cash Payment: a pro rata share of the Net Settlement Fund, less all valid claims for Unreimbursed Losses and Credit Monitoring, estimated at \$50. You may apply to receive compensation for both Unreimbursed Economic Losses and Pro Rata Cash Payments, subject to a combined monetary benefits cap of \$5,000 per Class Member.

To submit a Claim, you must have been affected by the Data Incident beginning in January 2021 as a potential Settlement Class Member from Defendant's records and received Notice of this Settlement with a **unique Claim Number**.

PLEASE BE ADVISED that any documentation you provide in support of your Unreimbursed Economic Losses claim must be submitted **WITH** this Claim Form. No documentation is required for claiming Pro Rata Cash Payment or the Credit Monitoring Services.

CLAIM VERIFICATION: All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

ASSISTANCE: If you have questions about this Claim Form, please visit the Settlement website at <u>www.IWPDataSettlement.com</u> for additional information or call 1-844-927-1257.

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result

in denial of the claim, delay its processing, or otherwise adversely affect the claim.

REGISTRATION

First Name:	MI:	Last Name:		
Mailing Address:				
City:		State: ZIP Code:		
Telephone Number:				
Email Address:				

Please provide the Claim Number identified in the Notice that was emailed to you:

		-				

Instructions. Please follow the instructions below and answer the questions as instructed.

CLAIM INFORMATION

Section A. Confirm Your Eligibility

Did you receive a unique Claim Number indicating that you may be a member of the Settlement Class?

🗌 Yes 🔲 No

If yes, continue to the next question. If no, you are not a member of the Settlement Class and do not qualify to file a Claim.

Section B. - Credit Monitoring

Yes, I would like to claim up to two (2) years of credit monitoring.

The Settlement requires Defendant to provide up to two (2) years of credit monitoring to Participating Settlement Class Members under the Settlement. These services include one-bureau credit monitoring; dark web monitoring; real-time inquiry alerts; and \$1 million in identity theft insurance, among other features to Settlement Class Members who affirmatively request it, and shall be provided by IDX.

You do NOT need to submit valid claims for Unreimbursed Economic Losses and/or Pro Rata Cash Payment to submit a claim for credit monitoring.

Section C. Part 1 - Compensation for Unreimbursed Economic Losses

If you suffered costs or expenditures in response to the Data Incident, you may be eligible to receive a payment to compensate you for losses.

If it is verified that you meet all the criteria described in the Settlement Agreement and you submit the dollar amount of those losses, you will be eligible to receive a payment compensating you for your losses of up to five thousand dollars (\$5,000).

Examples of what can be used to prove your losses include: receipts, account statements, etc. You may also prove losses by submitting information on the claim form that describes the expenses and how they were incurred.

Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

Did you suffer any financial expenses or other financial losses that you believe was as a result of the Data? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc. as a direct result of or attributed to the Data Incident?

 \Box Yes \Box No

If yes, you may be eligible to fill out the rest of this form and provide corroborating documentation.

For each loss that you believe can be traced to the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. You must provide this information for this claim to be processed. Supporting documentation must be submitted alongside this Claim Form. If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your claim. Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at <u>www.IWPDataSettlement.com</u>. Please do not directly communicate with Defendant regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Examples of Unreimbursed Economic Losses may include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Incident through the date of claim

submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Unauthorized credit card charge	$\begin{bmatrix} 0 & 7 \\ MM \end{bmatrix} - \begin{bmatrix} 1 & 7 \\ DD \end{bmatrix} - \begin{bmatrix} 2 & 0 \\ YY \end{bmatrix}$	\$50.00	Letter from Bank
Example: Fees paid to a professional to remedy a falsified tax return	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	\$25.00	Copy of the professional services bill
	MM DD YY	\$	
	MM - DD - YY	\$	
	MM DD YY	\$	
	MM - DD - YY	\$	
	MM DD YY	\$	
	MM - DD - YY	\$	
	MM - DD - YY	\$	
	MM DD YY	\$	
	MM - DD - YY	\$	
	MM DD - YY	\$	
	MM DD YY	\$·	

Examples of documentation include receipts for identity theft protection services, etc.

By checking the below box, I hereby declare under penalty of perjury that the information provided in this Claim Form to support relief for Unreimbursed Economic Losses is true and correct.

☐ Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking relief for Unreimbursed Economic Losses under penalty of perjury. I further understand that my failure to check this box may render my claim for Unreimbursed Economic Losses null and void.

Section C. Part 2 – Pro Rata Cash Payment

Cash Payment: Would you like to receive a cash payment under the Settlement?

Yes IN0

** The payments under this option are predicted to be \$50, however, the value of cash payment under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, attorneys' and Settlement Administrator fees and expenses. Class Members may receive compensation for both Unreimbursed Economic Losses and Pro Rata Cash Payments, subject to a combined monetary benefits cap of \$5,000 per Class Member.

Section D. Payment

Please select the manner in which payment will be issued for your valid Claims.

•	PayPal [*] :	(PayPal Email Address)
٠	Venmo*:	(Venmo Email Address)
٠	Zelle*:	(Zelle Email Address)
•	Paper Check via	
	Mail:	(Mailing Address)

*If you select payment via PayPal, Venmo or Zelle, the email address entered on this form will be used to process the payment to your account linked to that email address.

Section E. Settlement Class Member Affirmation

I declare under penalty of perjury that the information supplied in this claim form is true and correct. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

☐ Yes, I understand that my failure to check this box may render my Claim null and void.

Please include your name in both the Signature and Printed Name fields below.

Signature:

Print Name: _____

Date:

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