Kannact Settlement Administrator P.O. Box 3637 Baton Rouge, LA 70821 Your Claim Form Must Be Submitted Online or Postmarked By December 19, 2024

CLAIM FORM

In re: Kannact, Inc. Data Security Incident, Case No. 6:23-cv-1132

GENERAL INSTRUCTIONS

This class action litigation arose from a March 2023 data security incident involving Kannact, Inc. ("Kannact") that was perpetrated by an unauthorized third party that potentially accessed full names, email addresses, employee ID numbers, dates of birth, Social Security numbers, and medical and health insurance information of current and former Kannact patients and employees (the "Data Incident"). If you received a notice about this class action Settlement addressed to you, then the Settlement Administrator has already determined that you are a Settlement Class Member.

As a Settlement Class Member, you are eligible to receive three years of three credit bureau Credit Monitoring and Insurance Services. You are also eligible to receive compensation for unreimbursed documented losses or, alternatively, a cash award.

CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes before the Settlement benefits are issued, you must notify the Settlement Administrator.

First Name	M.I. La	st Name
Alternative Name(s)		
Mailing Address, Line 1: Street Address/P.O. Box		
Mailing Address, Line 2:		
City:		State: Zip Code:
Telephone Number (Home)	Telephone	Number (Mobile)
	-	
		- - - - - - - - - -
Email Address (Required for Credit Monitoring Se	vices)	
Email Address (Required for Credit Monitoring Se	vices)	
Email Address (Required for Credit Monitoring Se		

BENEFIT SELECTION

You may select 1) Credit Monitoring and Insurance Services <u>AND</u> either 2) Documented Loss Payment <u>OR</u> a Cash Award.

CREDIT MONITORING AND INSURANCE SERVICES:

email address in the space provided in Form. Submitting this Claim Form v	n the "Claimant Information" sec will not automatically enroll you using the email address you prov	EMIS"), check the box below, provide your ction above, and sign and return this Claim in CMIS. To enroll, you must follow the yided above within twelve months after the
I would like to receive Credit M	Ionitoring and Insurance Services	s. I have provided my email address above.
1. COMPENSATION FOR DO	OCUMENTED LOSSES OR C	CASH PAYMENT:
	im either the documented mon choose either Category A or Ca	netary loss payment offered below OR a ategory B below.
A. Monetary Losses		
Form are eligible for reimbursement of member of the Settlement Class, that	of the following documented out	who submit a Valid Claim using this Claim t-of-pocket losses, not to exceed \$5,000 per Data Incident:
Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
Out-of-pocket expenses incurred as a result of the Data 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.	//	\$
account statements reflecting out-of-pocke	t expenses. Please note that these exact t exemplars. You may make claims fo	phone bills, gas receipts, postage receipts, bank amples of reimbursable documented out-of-pocket for any documented out-of-pocket losses that you of the Data Incident.
O Fees for credit reports, credit monitoring, or other identity theft insurance products purchased between March 13, 2023 through the close of the Claims Period (December 19, 2024).		\$

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss			
O Compensation for proven monetary professional fees including attorneys accountants' fees, and fees for credit services incurred as a result of the Incident.	' fees, repair // // //	\$			
Examples of Supporting Documentation	: Invoices or statements reflecting pay	vments made for professional fees/services.			
O Loss expenses resulting from fraud or identity theft that occurred as a result of the Data Incident.	(mm/dd/yy)	\$			
Examples of Supporting Documentation: Bank statements, credit card statement, letters from the IRS or other tax authorities, letters from state unemployment agencies, and police reports.					
include receipts or other document	ntation not "self-prepared." "Self- sufficient to receive reimburseme	or a Documented Loss Payment. This can prepared" documents such as handwritten nt, but can be considered to add clarity to			
B. Cash Award					
If you wish to receive a Cash Award below.	payment in lieu of compensation	n for Documented Losses, check the box			
I would like to receive a Cash A	ward.				
PAYMENT METHOD SELECTION					
		le account below, and sign and return this deposited in the PayPal, Venmo, or Zelle			
The email address associated with my	PayPal account is [OPTIONAL]	:			
The email address associated with my	Venmo account is [OPTIONAL]]:			
The email address associated with my	Zelle account is [OPTIONAL]:				

SIGNATURE

correct to the best of my recollection, and that this form was executed on the date set forth below.		
G		
Signature	Date	

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE MAILED BY OR RECEIVED ONLINE AT <u>WWW.KANNACTDATASETTLEMENT.COM</u>
NO LATER THAN DECEMBER 19, 2024.