

Conway Regional Medical Center Election and Reimbursement Form

SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you received notice that your personal information may have been potentially accessible in the cybersecurity incident announced by Conway Regional Medical Center in June 2019, you may submit a claim. The easiest way to submit a claim is online at www.conwaydatasettlement.com, or you can complete and mail this claim form to the mailing address below.

Conway Data Settlement
 PO BOX 23309
 JACKSONVILLE FL 32241

You may submit a claim for these benefits:

1. **Identity Theft/Credit Monitoring Protection.** Use the election form to request free credit monitoring services for two years;
2. **Reimbursement.** Use the reimbursement form to request reimbursement for economic costs up to a maximum of \$850:
 - a. Reimbursement of Documented Economic Losses up to \$850
 - b. Reimbursement of Lost Time up to \$40.00

For more information and complete instructions visit www.conwaydatasettlement.com.

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 info@conwaydatasettlement.com. Include your Notice ID, found at the top of this notice, on all correspondence. **Please print clearly.**

First Name / Middle Initial:	
Last Name:	
Alternative Name(s):	
Current Mailing Address:	
City / State / Zip Code:	
Daytime Phone:	- -
Email Address:	

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Credit Monitoring

To obtain identity theft/credit monitoring services from the settlement, ***you must indicate below:***

- Identity Theft/Credit Monitoring Services:** I wish to receive identity theft/credit monitoring services. I understand identity theft/credit monitoring services will be provided for two years, starting when I activate the services. I understand I will receive an activation code and instructions on how to enroll in the credit monitoring services from the Claims Administrator later. Instructions will be sent by email unless I did not provide an email address, in which case instructions will be sent by U.S. mail.

Reimbursement for Economic Costs: Documented Economic Losses and Lost Time

Any Settlement Class Member may submit one or more Claims for reimbursement for Documented Economic Losses related to the Data Incident, up to an aggregate total of \$850.00 per Settlement Class Member. To be eligible for reimbursement of Documented Economic Loss, a Settlement Class Member must have first elected to receive and enrolled in the IDX Identity Protection Services Settlement Offering, submitted a Reimbursement Claim to IDX, IDX has denied the claim, and the Settlement Class Member has exhausted IDX's claims process.

Examples of Loss Type and Documents	Amount and Date	Description of Economic Losses and Supporting Documentation (Identify what you are attaching, and why it's related to the Conway Data Incident.)
<p>Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information</p> <p><i>Examples: Account statement with unauthorized charges highlighted; police reports; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges; credit monitoring services you purchased</i></p>	<p>\$ _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Fees paid to address identity theft or due to restricted access to funds</p> <p><i>Examples: late fees, overdraft fees, decline payment fees, returned check fees, card cancellation or replacement fees</i></p>	<p>\$ _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Costs of credit monitoring and identity theft protection purchased from June 26, 2019 until February 20, 2023</p> <p><i>Examples: Receipts or statements for credit monitoring services</i></p>	<p>\$ _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Other expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges related to the cybersecurity incident</p> <p><i>Examples: Phone bills, receipts, detailed list of places you traveled (i.e. police station, bank), reason why you traveled there (i.e. police report or fraudulent charges on your bank account) and number of miles you traveled</i></p>	<p>\$ _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date</i></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Any Settlement Class Member may submit a Claim for reimbursement for Lost Time related to the Data Incident, up to an aggregate total of \$40.00 per Settlement Class Member (which counts towards the \$850.00 aggregate limit for Documented Economic Loss). A Settlement

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Class Member may submit a Lost Time Claim regardless of whether the Settlement Class Member takes advantage of the IDX Identity Protection Services Settlement Offering and regardless of whether the Settlement Class Member submits a claim for documented Economic Losses. A Settlement Class Member is eligible for the payment provided in this section in addition to, and on top of, any payment for documented Economic Losses. A Claim for reimbursement of Lost Time must be submitted pursuant to this Reimbursement Form. Third-party documentation of Lost Time is not required to establish a Claim, but you must provide a general description of how the time was spent and how many hours were spent. This encompasses time spent exclusively dealing with the Data Incident (for example, placing or removing credit freezes on your credit files, purchasing credit monitoring services, calling your bank, or taking other actions), and you can be compensated \$20 per hour for up to two hours. You must describe the actions you took.

By filling out the boxes below, you are certifying that the time you spent does not relate to other security incidents.

Explain what you did and why and how much time you spent on each action:	Number of Hour & Minutes
	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> : <div style="border-bottom: 1px solid black; width: 40px; margin-left: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 10px; margin-top: 5px;"> Hours Minutes </div>

Signature	
I affirm under the laws of the United States that the information supplied in this claim form is true and correct to the best of my knowledge and that any documentation that I have submitted in support of my claim is a true and correct copy of the original documentation.	
I understand that I may be asked to provide more documents and information by the Claims Administrator before my claim is complete.	
Signature	Date (MM/DD/YYYY)
	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> </div>
Printed Name	

**Claims must be submitted online at www.conwaydatasettlement.com or mailed by February 20, 2023.
Use this address for mailed claims and documents:**

Conway Data Settlement
 PO BOX 23309
 JACKSONVILLE FL 32241