CLAIM FORM FOR REPROSOURCE DATA BREACH BENEFITS
Bickham v. ReproSource Fertility Diagnostics,
Case No. 1:21-cv-11879-GAO (D. Mass.)

COMPLETE AND SIGN THIS FORM AND FILE ONLINE NO LATER THAN **[DUE DATE]**
AT **www.Settlement.com** OR FILE BY MAIL POSTMARKED BY **[due date].**

*You **must** use this form to make a claim for an Out-of-Pocket Losses Payment, Credit Monitoring and Insurance Services, or for a Cash Fund Payment.*

Questions? Call (833) 383-4970 or visit the website, **www.Settlement.com**

CLASS MEMBER INFORMATION

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Email Address: _____
(This field is required to receive free credit monitoring. If provided, we will also communicate with you about your claim primarily by email.)

Unique Claim Form Identifier: _____

Failure to add your Unique Claim Form Identifier will result in denial of your claim. If you received a notice of this Settlement by U.S. mail, your Unique Claim Form Identifier is on the envelope or postcard. If you misplaced your notice, please contact the claim administrator at Call (833) 383-4970 or [**info@Settlement.com**].

SETTLEMENT OVERVIEW

Compensation for Out-of-Pocket Losses: Class Members who submit a valid and timely Claim Form are eligible to receive reimbursement of up to $3,000 per Class Member for Out-of-Pocket Losses that more likely than not are a result of the Security Incident. These Losses may include: (a) unreimbursed losses relating to fraud or identity theft; (b) professional fees including attorneys' and accountants' fees, and fees for credit repair services; (c) costs associated with freezing or unfreezing credit with any credit reporting agency; (d) credit monitoring costs that you attest were caused or otherwise incurred as a result of the Data Breach; and (e) miscellaneous expenses such as notary, data charges (if charges based on the amount of data used), fax, postage, copying, mileage, cell phone charges (only if

charged by the minute), and long-distance telephone charges. Out-of-Pocket Losses must have been incurred on or after August 8, 2021. You must submit documentation of the Out-of-Pocket Losses as part of your claim. This may include receipts or other documentation and may not be "self-prepared." "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

Credit Monitoring and Insurance Services: In addition to the Out-of-Pocket Losses Payment, or as an alternative to the Cash Fund Payment, Class Members may elect to claim three (3) years of one-credit bureau credit monitoring and $1 million in identity theft insurance, irrespective of whether they took advantage of any previous offering of credit monitoring from ReproSource.

Cash Fund Payment: Class Members may submit a claim to receive a $50 Settlement Payment in cash ("Cash Fund Payment"). Class Members who submit a claim for a Cash Fund Payment will not be entitled to select any of the other Settlement Benefits.

Additional Payment for California Residents: Class Members who are California residents may also claim an additional $50 payment.

Failure to provide all required information will result in your claim being rejected by the Settlement Administrator.

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1. Were you sent a notice that your information may have been impacted in the ReproSource Data Breach?
   Yes ☐ (*Proceed to Question 2)* No ☐ (*You are not eligible to submit a claim*)

CLAIM FOR REIMBURSEMENT FOR A DOCUMENTED LOSS PAYMENT

Loss Type (Check all that apply)	Date of Loss	Amount of Loss	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it is related to the Data Breach)
☐ Unreimbursed losses relating to fraud or identity theft			
☐ Professional fees including attorneys' and 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 August 8, 2021, that you attest were caused or otherwise incurred as a result of the Data Breach			

Loss Type (Check all that apply)	Date of Loss	Amount of Loss	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it is related to the Data Breach)
☐ Miscellaneous expenses such as notary, data charges (if charged based on the amount of data used), fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges			

CLAIM FOR CREDIT MONITORING AND INSURANCE SERVICES

2. Do you wish to receive three (3) years of one-bureau credit monitoring?

Yes ☐ (*Please include your email address on the first page*) No ☐ (*Please proceed to Question 3*)

3. Are you a California resident?

Yes ☐ (*Please include your mailing address on the first page*) No ☐

CLAIM FOR A CASH FUND PAYMENT

4. Do you wish to receive a Cash Fund Payment?

Yes ☐ (*Please include your mailing address on the first page*) No ☐

CERTIFICATION AND SIGNATURE

By submitting this Claim Form, I certify that I am a Class Member and am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and

accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of the Data Breach.

I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all claim payments are subject to the availability of Settlement Funds and may be reduced, depending on the type of claim and the determinations of the Settlement Administrator.

Name: _____

Signature: _____

Date: _____