Settlement Administrator 181443 c/o Kroll Settlement Administration LCO PO Box 5324

New York, NY 10150-5324

Document 64-4 Filed 01/10/24

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PERMIT NO XXXX

### ELECTRONIC SERVICE REQUESTED

## NOTICE OF CLASS ACTION SETTLEMENT

A federal court has authorized this Notice. This is not a solicitation from a lawyer. <<Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark barcode

<<FirstName>> <<LastName>>

<<Company>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

IF YOU WERE NOTIFIED OF A DATA BREACH INVOLVING REPROSOURCE FERTILITY DIAGNOSTICS, INC ON OR

Case 1 APOUT A USING TO PROVIDE TO PROVIDE TO PROVIDE TO PROVIDE TO PROVIDE TO PROVIDE TO STRENG A Settlement has been reached in a class action lawsuit against ReproSource Fertility Diagnostics, Inc. ("ReproSource") regarding a cybersecurity attack (the "Data Breach") on ReproSource's network and computer systems that potentially resulted in unauthorized access to Social Security numbers, names, addresses, dates of birth, driver's license numbers, client identification numbers, medical diagnostic and treatment information, and health insurance information (the "Private Information") of Class Members.

### Benefits Include:

- Reimbursement for up to \$3,000 of out-of-pocket Losses traceable to the Data Breach
- Cash payment for up to \$160 for time spent dealing with the Data Breach (\$20 per hour, up to 8 hours
  Three (3) years of one-credit bureau credit monitoring and \$1 million in identity theft insurance.
- In the alternative to the other benefits. Class Members may submit a claim to receive a \$50 Settlement Payment in cash.
- California residents may submit a claim for an additional payment of \$50.00.
- All payments may be adjusted on a pro rata basis depending upon the amount of actual claims.

## Your Legal Rights and Options in this Lawsuit

SUBMIT A CLAIM FORM BY	To get Settlement benefits for Out-of-Pocket Losses, Credit Monitoring and Insurance Services, or the Cash Fund Payment, you must submit a Claim Form at xxx.Settlement.com	
OBJECT TO THE SETTLEMENT BY MONTH, DATE, YEAR	Tell the Court why you do not like the Settlement. You will still be bound by the Settlement if the Court approves it	
EXCLUSE YOURSELF BY MONTH, DATE, YEAR	Get no Settlement benefits. Keep your right to file your own lawsuit against the Defendant about the legal claims in this case.	
DO NOTHING	Get no Settlement benefits. Be bound by the Settlement.	

- If you wish to request exclusion from the Class, you must write to Kroll Settlement Administration on or before -DATE and request to be excluded: Settlement Administrator - 181443, c/o Kroll Settlement Administration LLC, PO Box 5324, New York, NY 100150-5324.
- The exclusion must be **postmarked** by -DATE-.

#### The Lawyers Representing the Class

Migliaccio & Rathod LLP, Pastor Law Office PC, Kind Law, and Freedom Law Firm have been designated as "Class Counsel" in this lawsuit and are representing you and all Class Members. Accordingly, if you choose to remain in the Class, you do not need to hire your own attorney because Class Counsel will represent you and all other Class Members. Nevertheless, you are permitted to hire a separate attorney if you so choose.

Class Counsel are handling this matter on a contingency basis. In other words, Class Counsel will be paid out of any recovery and will not be paid at all if there is no recovery. Class Counsel may seek attorneys' fees totaling one-third of any settlement fund or judgment recovered on behalf of the Class as well as reimbursement of their expenses.

#### To Get More Information

You can obtain more information about this lawsuit by contacting Lead Class Counsel: Nicholas A. Migliaccio, Esq.,Jason S. Rathod, Esq.,Migliaccio & Rathod LLP, 412 H St. NE,Washington, D.C. 20002, (202) 470-3520, info@classlawdc.com

Case 1:21-cv-11879-GAO	Document 64-4	Filed 01/10/24	Page 4 of Postage	5
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Settlement Administrator - 181443 c/o Kroll Settlement Administration LLC PO Box 5324 New York, NY 10150-5324 Casse: dc21-cv-11879-GAO Document 64-4 Filed 01/10/24 Page 5 of 5 ID Number: <<Refnum>>

## **Address Update**

If you have an address different from where this postcard was mailed to, please write your correct address and email below and return this portion to the address provided on the other side.

# \*\*THIS NOTICE IS NOT A CLAIM FORM\*\*

# <u>DO NOT</u> USE THIS POSTCARD TO FILE A CLAIM, AN EXCLUSION OR OBJECTION.

Name:First Name	M.I.	Last Name
Street Address:		
Street Address 2:		
City:	State:	Zip Code:
Email Address:		@