

# Exhibit C

<Mailing caption>

c/o Kroll Settlement Administration LLC

P.O. Box XXXX

New York, NY 10150-XXXX

FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
CITY, ST  
PERMIT NO. XXXX

## ELECTRONIC SERVICE REQUESTED

### Notice of Proposed Settlement of Class Action

*Arturo Bruno, et al v. Robert Donohoe, as Trustee  
of the Texas Medical Liability Trust  
Case No. 1:23-cv-01183-DII*

**If you are a person in the United States whose Private Information was potentially accessible as a result of the Data Incident, including those who were sent notification from Defendant that their Private Information was potentially accessible as a result of the Data Incident, you are eligible to receive a Settlement Class Member Benefit from a class action Settlement.**

**[www.website.com](http://www.website.com)**

<<Refnum Barcode>>

CLASS MEMBER ID: <<Refnum>>

**Postal Service: Please do not mark barcode**

[FIRST NAME] [LAST NAME]  
[COMPANY]  
[ADDRESS 1]  
[ADDRESS 2]  
[CITY] [STATE] [ZIP][ZIP4]

A Settlement has been reached in *Arturo Bruno, et al v. Robert Donohoe, as Trustee of the Texas Medical Liability Trust*, Case No. 1:23-cv-01183-DII, pending in the United States District Court for the Western District of Texas. The Action alleges that on October 12, 2022, Defendant discovered suspicious activity on certain systems in its computer network, or Data Incident. Specifically, unauthorized actors may have gained access to and/or acquired files on Defendant's network, which may have included name, Social Security Number, EIN/Tax Identification number, and/or date of birth. In March 2023, Defendant began notifying potentially affected individuals about the Data Incident in compliance with applicable law. The person who brought the lawsuit is called the Class Representative. The company being sued, Texas Medical Liability Trust, is called the Defendant. Defendant denies any wrongdoing.

**Who is in the Settlement?** Defendant's records show you are likely a Settlement Class Member, whose Private Information was potentially accessible as a result of the Data Incident, including those who were sent notification from Defendant that their Private Information was potentially accessible as a result of the Data Incident.

**What does the Settlement provide?** The Settlement provides the following Settlement Class Member Benefits available to Settlement Class Members who submit Valid Claims: (a) Reimbursement for Ordinary Out-of-Pocket Losses, up to \$2,500 per Settlement Class Member with supporting documentation; (b) Ordinary Attested Time: up to five (5) hours of time spent responding to receiving notice of the Data Incident at a rate of \$30 per hour by providing an attestation; (c) Reimbursement for Extraordinary Losses – up to \$35,000 per individual who believes they have suffered identity theft, fraud, or other Extraordinary Losses; (d) Extraordinary Attested Time: if Settlement Class Members incurred Extraordinary Losses, they may also submit a Claim for up to ten (10) hours of time spent remedying identity theft, fraud, or other misuse of their information related to the Data Incident at a rate of \$30 per hour by providing an attestation; and regardless of whether a Settlement Class Member submits a Claim for reimbursement, (e) Credit Monitoring for three (3) years of three bureau identity theft protection and Credit Monitoring services.

**How do I receive a Settlement Class Member Benefit?** To receive a Settlement Class Member Benefit, you must complete and submit a Claim Form online at [www.website.com](http://www.website.com) or by mail to <Mailing Caption>, c/o Kroll Settlement Administration LLC, P.O. Box XXXX, New York, NY 10150-XXXX. You may also complete the attached Claim Form, to Claim certain benefits, and return to the address above postmarked by [DATE]. Read the Claim Form instructions carefully, fill out the Claim Form, provide the required documentation, and submit online by [DATE] or by mail postmarked by [DATE].

**What are my options?** As a Settlement Class Member, you may also exclude yourself from the Settlement or object to it. Exclusion requests are due by [DATE]. Settlement Class Members who do not submit an exclusion request can object to the Settlement. Objections are due by [DATE]. The Court will hold a Final Approval Hearing on [DATE] at [TIME] CT to consider whether to approve the Settlement. The Court will hear objections, determine if the Settlement is fair, and consider Class Counsel's Attorneys' Fees and Costs up to 35% of the Settlement Fund (\$350,000) plus reimbursement of costs, and Service Awards of \$2,500 for the Class Representative. You or your own lawyer may ask to appear at the hearing to be heard by the Court, but you do not have to.

**Do I have a lawyer?** The Court has appointed the following Class Counsel to represent the Settlement Class in this Action: Bruce W. Steckler of Steckler Wayne & Love and John A. Yanchunis of Morgan & Morgan as Class Counsel" to represent the Settlement Class.

**This is only a summary.** For detailed information or to change your address, visit [www.website.com](http://www.website.com) or call (XXX) XXX-XXXX. You may also contact the Settlement Administrator, at <Mailing caption>, c/o Kroll Settlement Administration LLC, P.O. Box XXXX, New York, NY 10150-XXXX.

Visit [www.website.com](http://www.website.com) or call (XXX) XXX-XXXX

Postage  
Required

<Mailing caption>

c/o Kroll Settlement Administration LLC

P.O. Box XXXX

New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>



VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

### POSTCARD CLAIM FORM

To submit a claim, please complete the below form, sign, and mail this portion of the postcard to the Settlement Administrator by no later than **[DATE]**. Please complete the Claim Form for each category of benefits that you would like to Claim. You may either Claim reimbursement for Ordinary Attested Time, Extraordinary Attested Time or Credit Monitoring. *Note:* Claims for unreimbursed Out-of-Pocket Losses and Extraordinary Out-of-Pocket Losses require supporting documentation and therefore must be submitted online at [www.website.com](http://www.website.com) or mailed to the Settlement Administrator with a separate Claim Form.

Class Member ID: <<refnum>>

<<firstname>> <<lastname>>

<<Company>>

<<address1>> <<address2>>

<<City>>, <<State>> <<Zip>>

If different than the preprinted data on the left, please print your correct information:

First Name

MI

Last Name

Address

City

State

ZipCode

#### Ordinary Attested Time

☐ I affirm that I spent time dealing with the effects or perceived effects of the Data Incident for up to four (5) hours at \$30 per hour, provided at least one (1) full hour was spent responding to the Data Incident. The total Attested Time ("Ordinary" and "Extraordinary" Attested Time, combined) that can be claimed cannot exceed ten (10) hours.

Time Spent: ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours

#### Extraordinary Attested Time

☐ I affirm that I incurred Extraordinary Losses, and submit a Claim for up to ten (10) hours of time spent remedying identity theft, fraud, or other misuse of their information related to the Data Incident. The total Attested Time ("Ordinary" and "Extraordinary" Attested Time, combined) that can be claimed cannot exceed ten (10) hours.

Time Spent: ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours ☐ 5 hours ☐ 6 hours ☐ 7 hours ☐ 8 hours ☐ 9 hours ☐ 10 hours

#### Credit Monitoring

☐ In addition to the above benefits, all Settlement Class Members, regardless of whether they make a Claim for reimbursement, can elect to enroll in three (3) years of three bureau identity theft protection and Credit Monitoring services.

### SIGN AND DATE YOUR CLAIM FORM

I attest that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection. I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DEADLINE TO RETURN**

**[DATE]**