

Exhibit C

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Your claim must
be submitted online
or postmarked by:
**<<Claims
Deadline>>**

CLAIM FORM

Thomas Byers et. al. v. OrthoAlaska, LLC.
Case No. 3:23-cv-00242
United States District Court, District of Alaska

ORTHOALASKA-C

GENERAL INSTRUCTIONS

If you received a Short-Form Notice, the Settlement Administrator identified you as Settlement Class Member who may have been involved in a Data Incident and were notified by OrthoAlaska, LLC on or around October 13, 2023. You may submit a claim for settlement benefits, outlined below. Please refer to the Long-Form Notice posted on the Settlement Website www.website.com, for more information on submitting a Claim Form.

To receive compensation for Out-of-Pocket Losses, a cash fund payment or Privacy Shield protection, you MUST submit the Claim Form below, which can also be done electronically at www.website.com by <<Claims Deadline>>

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

OrthoAlaska Data Incident Litigation
c/o Kroll Settlement Administration LLC
PO Box **XXXX**
New York, NY 10150-**XXXX**

You may submit a claim for the following benefits:

- 1) **Compensation for Out-of-Pocket Losses:** Compensation from the Settlement Fund, up to a total of \$4,000 per Settlement Class Member, upon submission of an Approved Claim and supporting documentation, for Out-of-Pocket Losses incurred as a result of the Data Incident;

In addition to compensation for Out-of-Pocket Losses, Settlement Class Members may select one of the following:

- 2) **Cash Fund Payment:** After the distribution of Administrative Expenses, Service Awards, Out-of-Pocket Losses claims, Fee Award and Expenses, each Settlement Class Member that submits an Approved Claim may receive a *pro rata* cash payment of up to \$50 from the remaining Settlement Fund; OR
- 3) **Privacy Shield:** Instead of a cash fund payment Settlement Class Members are eligible to make a claim for one (1) year of data protection and monitoring services from Privacy Shield.

Questions? Go to www.website.com or call **(XXX) XXX-XXXX**

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I. PAYMENT SELECTION

If you would like to elect to receive your cash fund payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name **Last Name**

Address 1

Address 2

City **State** **Zip Code**

Email Address (optional): _____ @ _____

Telephone Number: (_____) _____ - _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify that you are an individual who may have been involved in the Data Incident and were notified that their Private Information may have been impacted as a result of the Data Incident.

Enter the Settlement Class Member ID number provided on your Short Form Notice:

Settlement Class Member ID : 0 0 0 0 0 _____

Questions? Go to www.website.com or call (XXX) XXX-XXXX

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IV. COMPENSATION FOR OUT-OF-POCKET LOSSES

Settlement Class Members may submit a claim for up to a total of \$4,000 of Out-of-Pocket Losses traceable to the Data Incident.

Out-of-Pocket Losses incurred as a direct result of the Data Incident, including but not limited to:

- (i) *Unreimbursed losses relating to fraud or identity theft;* professional fees including attorneys’ fees, 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 mailing of the notice of the Data Incident, through claim filing; and
- (ii) *Miscellaneous expenses* such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

You must submit documentation to obtain this reimbursement.

I have attached documentation showing that the claimed losses were caused by the Data Incident. I have submitted reasonable documentation supporting my claims. This can include receipts or other documentation that document the costs incurred but does not include documentation that is “self-prepared” by the claimant. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Out-of-Pocket Loss	Amount of Out-of-Pocket Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

Questions? Go to www.website.com or call (XXX) XXX-XXXX

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IN ADDITION TO YOUR CLAIM FOR OUT-OF-POCKET LOSSES, YOU MAY ALSO CLAIM ONE OF THE FOLLOWING:

V. CASH FUND PAYMENT

By checking the below box, I choose a pro rata cash fund payment of up to \$50. **Do not select this if you chose the option below.**

Yes, I choose a pro rata cash fund payment of up to \$50, in addition to the compensation for Out-of-Pocket Losses.
OR

VI. PRIVACY SHIELD

1-year of data protection and monitoring services

Check the box above if you wish to receive, in addition to electing compensation for Out-of-Pocket Losses and INSTEAD of the pro rata cash fund payment, one (1) year of data protection and monitoring services from Privacy Shield. **You may not submit a claim for a pro rata cash fund payment if you select this benefit.**

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

_____/_____/_____
Signature Date

Print Name

Questions? Go to www.website.com or call (XXX) XXX-XXXX

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