Exhibit F

EXHIBIT 5
(CLAIM FORM)

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Your Claim Form must be submitted online or postmarked by: Month XX, 2026

CLAIM FORM

Crowe, et al., v. Managed Care of North America, Inc., et al.
Case No. 0:23-cv-61065-AHS
United States District Court for the Southern District of Florida

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Defendants have identified you as a Settlement Class Member whose Private Information may have been compromised in the Data Incident. You may submit a Claim for a Cash Payment for Documented Out-of-Pocket Losses at **www.[website].com** or by mail using this Claim Form. You are also automatically eligible to receive Medical Data Monitoring.

To receive a Cash Payment for Documented Out-of-Pocket Losses, you must submit a Claim Form by Month XX, 2026.

Claim Forms must be submitted electronically on the Settlement Website by 11:59 p.m. ET on the Claim Form Deadline above or by mail, postmarked by the Claim Form Deadline. This Claim Form may 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:

Crowe, et al. v. Managed Care of North America, et al.
c/o Kroll Settlement Administration LLC
P.O. Box XXXXX
New York, NY 10150-XXXX

I. 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**

Telephone Number: (_____ _____ _____ **)** _____ _____ _____ **-** _____ _____ _____ _____

Email Address: _____

Class Member ID (if known): 00000 ___ ___ ___ ___ ___ ___ ___ ___

For more information, visit www.[website].com or call toll-free (XXX) XXX-XXXX.

II. PAYMENT SELECTION

Cash Payments for Documented Out-of-Pocket Losses will be made by electronic payment. Please check one of the boxes below to select an electronic payment option:

☐ Zelle ☐ Venmo ☐ PayPal ☐ ACH ☐ Prepaid E-Mastercard

Note: The easiest way to file a Claim and provide electronic payment information is through the Settlement Website. Please visit www.[website].com and timely file your Claim Form online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

III. MEDICAL DATA MONITORING

All Settlement Class Members are automatically eligible to receive two (2) years of Medical Data Monitoring unless they opt out of the Settlement. If you received a Notice by email or mail, it included a unique code to enroll in the monitoring. Enrollment codes will become active for use within thirty (30) days after the Effective Date of the Settlement, which is currently estimated to be Month XX, 2026. Visit the Settlement Website at www.[website].com for updates.

IV. CASH PAYMENT FOR DOCUMENTED OUT-OF-POCKET LOSSES

In addition to automatically receiving Medical Data Monitoring, Settlement Class Members may also submit a Claim for a cash payment for unreimbursed Documented Out-of-Pocket Losses for up to $2,500. "Documented Out-of-Pocket Losses" include actual, documented and unreimbursed out-of-pocket costs or expenditures resulting directly from fraud or identity theft caused by the Data Incident, if the cost or expenditure: (i) is an actual, documented and unreimbursed cost or expenditure due to fraud or identity theft; (ii) is fairly traceable to the Data Incident; (iii) occurred after the Data Incident and before Month XX, 2026; and (iv) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the cost or expenditure, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

You cannot be reimbursed for Documented Out-of-Pocket Losses if you have already been reimbursed for the same expenses by another source, including compensation provided in connection with any credit monitoring and identify theft protection product or through a financial institution's consumer fraud policies.

To receive a Cash Payment for Documented Out-of-Pocket Losses, you must submit a completed Claim Form online or by mail with "reasonable" supporting documentation. Reasonable supporting documentation means documentation generated by a third party supporting your claim (i.e., telephone records, correspondence, receipts, etc.). Personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute proper documentation, but may be included to provide clarification, context, or support for other submitted reasonable supporting documentation.

If you do not submit reasonable supporting documentation, or if the Settlement Administrator rejects your Claim for any reason and you fail to cure the Claim, it will be rejected.

☐ **I am electing to receive the Cash Payment for Documented Out-of-Pocket Losses and I have attached documentation showing that the Documented Loss expenses listed on this Claim Form were caused by the Data Incident.**

Cost Type (Fill all that apply)	**Approximate Date of Cost or Expenditure**	**Amount of Cost or Expenditure**	**Description of Supporting Documentation** (Identify what you are attaching and why)
Example: Credit Monitoring Service	07/17/25 (mm/dd/yy)	$50.00	Copy of credit monitoring service bill
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	

V. ATTESTATION & SIGNATURE

By signing below, I swear and affirm under the laws of 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 I have not already been reimbursed for the Documented Out-of-Pocket Losses I am claiming for reimbursement in this Claim Form.

_____ _____

Signature Date (mm/dd/yyyy)

_____

Print Name

Reminder: If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please use the "Contact Us" form on the Settlement Website to provide your updated address information. Make sure to include your Class Member ID and your telephone number in case we need to contact you in order to complete your request.