

Exhibit K

BIOPLUS SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: **MONTH DD, 2023**

Gilbert et al. v. BioPlus Specialty Pharmacy Services, LLC, Case No. 6:21-cv-02158-RBD-DCI
United States District Court for the Middle District of Florida

BIOPLUS-A-2

USE THIS FORM ONLY IF YOU ARE A NON-SSN CLASS MEMBER

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator has identified you as a Non-SSN Class Member whose personally identifiable information and/or protected health information was impacted the Data Incident experienced by BioPlus in 2021 (“Data Incident”). Your Social Security number was not involved in the Data Incident.

The easiest way to submit a claim is online at www.XXXX.com, or you can complete and mail this Claim Form to the mailing address below.

Settlement Administrator
[Admin mailing address](#)

To receive any of these benefits, you must submit the Claim Form below by <<DATE>>.

You may submit a claim for the following benefits:

- 1) Expense Reimbursement: You may be eligible for reimbursement for certain documented out-of-pocket expenses, not to exceed \$750 per Non-SSN Class Member, that were incurred as a result of the Data Incident. You must attest that your monetary losses are fairly traceable to the Data Incident and not incurred due to some other event or reason.
- 2) Time Spent Dealing With the Data Incident: You may be eligible to make a claim for up to two (2) hours of lost time, at \$25/hour, for time spent dealing with the effects of the Data Incident. This amount is subject to the \$750 per member cap.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

Please note: the Settlement Administrator may contact you to request additional documentation to process your claim. For more information and complete instructions, please visit [\[Settlement website\]](#).

Settlement benefits will be distributed only after the Settlement is approved by the Court.

I. 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 form.

Questions? Go to [URL](#) or call 1-[XXX-XXX-XXXX](#).

BIOPLUS SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: **MONTH DD, 2023**

Gilbert et al. v. BioPlus Specialty Pharmacy Services, LLC, Case No. 6:21-cv-02158-RBD-DCI

BIOPLUS-A-2

United States District Court for the Middle District of Florida

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Check this box to certify that you were notified of the Data Incident and/or Settlement.

Enter the Notice ID Number provided on your Postcard Notice. Your Notice ID is located on the front of the postcard notice that was sent to Settlement Class Members via U.S. Mail. If you lost or do not know your Notice ID, you may contact the Settlement Administrator at **[insert email address]**

Notice ID Number

III. REIMBURSEMENT FOR LOST TIME

All Non-SSN Class Members who have spent time dealing with the Data Incident may claim up to two (2) hours for lost time at a rate of \$25.00 per hour. Any payment for lost time is included in the \$750 cap per Non-SSN Class Member (no documentation is required).

Hours claimed (up to 2 hours – check one box) 1 Hour 2 Hours

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident and not incurred due to some other event or reason.

In order to receive this payment, you must briefly describe what you did and how the claimed lost time was spent related to the Data Incident. Please use the space below to describe your lost time related to the Data Incident.

Questions? Go to **URL** or call 1-**XXX-XXX-XXXX**.

BIOPLUS SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: **MONTH DD, 2023**

Gilbert et al. v. BioPlus Specialty Pharmacy Services, LLC, Case No. 6:21-cv-02158-RBD-DCI
United States District Court for the Middle District of Florida

BIOPLUS-A-2

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
Examples of Supporting Documentation: <i>Invoices or statements reflecting payments made for professional fees/services.</i>		
YOU MUST SUBMIT DOCUMENTATION OF YOUR OUT-OF-POCKET EXPENSES		
<input type="checkbox"/> I attest and affirm to the best of my knowledge and belief that any claimed expenses were incurred as a result of the Data Incident and not incurred due to some other event or reason.		

V. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: ____ - ____ - ____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____ - ____ - ____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided above.

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state 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

Printed Name

Date

Your claim must be submitted online or postmarked by: MONTH DD, 2023

BIOPLUS SETTLEMENT CLAIM FORM

Gilbert et al. v. BioPlus Specialty Pharmacy Services, LLC, Case No. 6:21-cv-02158-RBD-DCI
United States District Court for the Middle District of Florida

BIOPLUS-A-1

USE THIS FORM
ONLY IF YOU ARE A SSN CLASS MEMBER

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator has identified you as a SSN Class Member whose personally identifiable information and/or protected health information, including your Social Security number, was impacted in the Data Incident experienced by BioPlus in 2021 (the “Data Incident”). You may submit a claim for Settlement benefits, outlined below.

The easiest way to submit a claim is online at www.XXXX.com, or you can complete and mail this Claim Form to the mailing address below.

Settlement Administrator Admin
mailing address

To receive any of these benefits, you must submit the Claim Form below by <<DATE>>.

You may submit a claim for the following benefits:

- 1) **Pro-Rata Cash Payment:** SSN Class Members may submit a Claim for a cash payment of \$50.
 - a) The Settlement Administrator will make pro rata settlement payments, which may increase or decrease the \$50 Cash Payment, subject to the total amount of the Common Fund (\$1,025,000).
 - b) SSN Class Members who select this \$50 Cash Payment may combine this benefit with a valid claim for Expense Reimbursement below.

-AND-

2) **Expense Reimbursement:**

- a) Documented Out-of-Pocket Expenses: You may submit a claim for reimbursement for certain documented out-of-pocket expenses, not to exceed \$7,500 per SSN Class Member, that were incurred as a result of the Data Incident. You must attest that the Documented Out-of-Pocket Expenses are fairly traceable to the Data Incident and not incurred due to some other event or reason.
- b) Time Spent Dealing With the Data Incident: You have the right to make a claim for up to three (3) hours of lost time, at \$25/hour, for time spent dealing with the Data Incident. This amount is subject to the \$7,500 per member cap.

BIOPLUS SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: **MONTH DD, 2023**

Gilbert et al. v. BioPlus Specialty Pharmacy Services, LLC, Case No. 6:21-cv-02158-RBD-DCI

United States District Court for the Middle District of Florida

BIOPLUS-A-1

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

Please note: the Settlement Administrator may contact you to request additional documentation to process your claim. For more information and complete instructions, please visit **[Settlement website]**. Questions? Go to **URL** or call 1-**XXX-XXX-XXXX**.

Settlement benefits will be distributed only after the Settlement is approved by the Court.

I. 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 form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

II. PRO RATA CASH PAYMENT

Check this box if you elect to receive a cash payment of \$50.

This amount may increase or decrease on a pro rata basis, depending upon the number of claims filed and approved.

Questions? Go to **URL** or call 1-**XXX-XXX-XXXX**.

BIOPLUS SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: **MONTH DD, 2023**

Gilbert et al. v. BioPlus Specialty Pharmacy Services, LLC, Case No. 6:21-cv-02158-RBD-DCI

BIOPLUS-A-1

United States District Court for the Middle District of Florida

III. REIMBURSEMENT FOR LOST TIME

All SSN Class Members who have spent time dealing with the Data Incident may claim up to three (3) hours for lost time at a rate of \$25.00 per hour. Any payment for lost time is included in the \$7,500 cap per SSN Class Member (no documentation is required).

Hours claimed (up to 3 hours – check one box) 1 Hour 2 Hours 3 Hours

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident and not incurred due to some other event or reason.

In order to receive this payment, you must briefly describe what you did and how the claimed lost time was spent related to the Data Incident. Please use the space below to describe your lost time related to the Data Incident.

IV. REIMBURSEMENT FOR DOCUMENTED OUT-OF-POCKET EXPENSES

SSN Class Members may submit a claim for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$7,500 per SSN Class Member, that were incurred as a result of the Data Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss																	
<input type="radio"/> Out-of-pocket expenses incurred as a result of the Data Incident, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based (mm/dd/yy) on the amount of data used), postage, or gasoline for local travel.	<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px; text-align: center;">/</td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px; text-align: center;">/</td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>			/			/			<table border="1" style="width: 150px; height: 20px;"> <tr> <td style="width: 20px; text-align: center;">\$</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px; text-align: center;">.</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	\$.		
		/			/														
\$.													

Questions? Go to **URL** or call 1-**XXX-XXX-XXXX**.

BIOPLUS SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: **MONTH DD, 2023**

Gilbert et al. v. BioPlus Specialty Pharmacy Services, LLC, Case No. 6:21-cv-02158-RBD-DCI

BIOPLUS-A-1

United States District Court for the Middle District of Florida

Examples of Supporting Third Party Documentation: Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses. Please note that these examples of reimbursable documented out-of-pocket losses are not meant to be exhaustive, but exemplary. You may make claims for any documented out-of-pocket losses that you believe are fairly traceable to the Data Incident and not incurred due to some other event or reason.

Cost Type	Approximate Date of Loss	Amount of Loss (Fill all that apply)
-----------	--------------------------	--------------------------------------

Fees for credit reports, credit monitoring, or other identity theft insurance products purchased after October 25, 2021 that you attest under penalty of perjury were (mm/dd/yy)

		/			/		
--	--	---	--	--	---	--	--

 caused or otherwise incurred as a result of the Data Incident.

\$.		
----	--	--	--	--	--	--	---	--	--

Examples of Supporting Documentation: Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.

Reimbursement for proven monetary loss, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the Data

		/			/		
--	--	---	--	--	---	--	--

 (mm/dd/yy) Incident.

\$.		
----	--	--	--	--	--	--	---	--	--

Examples of Supporting Documentation: Invoices or statements reflecting payments made for professional fees/services.

YOU MUST SUBMIT DOCUMENTATION OF YOUR OUT-OF-POCKET EXPENSES

I attest and affirm to the best of my knowledge and belief that any claimed expenses were incurred as a result of the Data Incident and not incurred due to some other event or reason.

V. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

PayPal - Enter your PayPal email address: _____

Questions? Go to **URL** or call 1-**XXX-XXX-XXXX**.

BIOPLUS SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: **MONTH DD, 2023**

Gilbert et al. v. BioPlus Specialty Pharmacy Services, LLC, Case No. 6:21-cv-02158-RBD-DCI

BIOPLUS-A-1

United States District Court for the Middle District of Florida

Venmo - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided above.

VI. MEDICARE BENEFICIARY

Were you a Medicare beneficiary during the time period of October 25, 2021 to the present? (check one)

Yes No

If you are a Medicare beneficiary receiving more than \$750 under this settlement, the Settlement Administrator may need to contact you for additional information related to Medicare reporting requirements.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state 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

Printed Name

Date