Exhibit C

Settlement Administrator - 83376
c/o Kroll Settlement Administration LLC
P.O. Box XXXXXX
New York, NY 10150-XXXX

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

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION SETTLEMENT

Records indicate that your personal information may have been compromised by a Data Incident on or around September 2023.
You may be entitled to benefits from a class action settlement.

www.[website].com

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Credit Monitoring Enrollment Code: <<CodeNumber>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>
<<Address>>
<<Address2>>
<<City>>, <<ST>> <<Zip>>-<<zip4>>
<<Country>>

A Settlement has been reached with Hospital Español Auxilio Mutuo de Puerto Rico, Inc. dba Auxilio Mutuo Hospital ("Auxilio Mutuo" or "Defendant") in a class action lawsuit about a data breach on or around September 2023 (the "Data Incident") in which unauthorized access by cybercriminal compromised current and former patients' personally identifiable information and protected health information ("Personal Information"). The Plaintiffs allege of negligence, breach of implied contract, and violation of state and federal consumer protection acts, among other claims. The Defendant denies all allegations and any wrongdoing.

Who is included? The Defendant's records indicate you are a Settlement Class Member. The Settlement Class consists of all individuals residing in the United States whose Personal Information may have been accessed and/or acquired by an unauthorized party as a result of the cybersecurity incident against the Defendant giving rise to the Action.

What does the Settlement provide? Under the proposed Settlement, the Defendant will provide up to $500,000 for monetary Settlement benefits to Settlement Class Members. The Settlement benefits will include either compensation of documented Out-of-Pocket Losses of up to $2,500 per Settlement Class Member or an Alternative Cash Payment of $25. The Settlement Benefits also include the opportunity to enroll in two (2) years of Credit and Medical Monitoring Services. In addition, the Defendant has agreed to separately pay for the Service Awards, Notice and Administrative Expenses, and Attorney's Fee Award and Costs.

How do I submit a Claim Form to get a Settlement Payment? You must submit a Claim Form by **Month XX, 2026** to get a cash payment from this Settlement. Claim Forms must be submitted online at www.[website].com by 11:59 p.m. or by mail, postmarked by **Month XX, 2026**. Please visit the website for a full description of the Settlement benefits and how to submit a Claim Form.

What are my other options? If you do nothing, you will be eligible to receive the Credit and Medical Monitoring benefit but will not receive a Settlement Payment; you will remain a Settlement Class Member; and you will give up your rights to sue the Defendant for the claims resolved by this Settlement. If you do not want any Settlement benefits, but you want to keep your right to sue the Defendant for the claims resolved by this Settlement, you must exclude yourself from the Settlement Class (called "opting out"). If you do not opt out, you may object to the Settlement and ask the Court for permission to speak at the Final Approval Hearing. The Opt-Out and Objection Deadline is **Month XX, 2026**.

Who represents me? The Court appointed Raina C. Borrelli of Strauss Borrelli PLLC to represent you and other members of the Settlement Class as Settlement Class Counsel. You will not be charged directly for this lawyer; instead, she will receive compensation from the Defendant (subject to Court approval).

The Court's Final Approval Hearing. The Court will hold a Final Approval Hearing on **Month XX, 2026 at XX:X0 x.m. EST** to consider approving the Settlement, Notice and Administrative Expenses, Settlement Class Counsel's request of $200,000 for the Fee Award and Costs, and a $2,500 Service Award to each of the Settlement Class Representatives who brought this Action on behalf of the Settlement Class. You or your attorney may appear at the hearing at your own cost, but you do not have to.

How do I get more information? This Notice is only a summary. For more information, access to related documents, or to change your address, please visit **www.[website].com** or call toll-free (**XXX) XXX-XXXX**.

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_____
_____

Settlement Administrator – 83376
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>

POSTCARD CLAIM FORM

Claim Forms must be postmarked no later than **Month XX, 2026**. To receive an electronic payment or file a claim for **Compensation for Out-of-Pocket Losses** (up to $2,500), you must submit a Claim Form online or by mail with any necessary supporting documentation. Claim Forms are available at www.[website].com.

Reminder: You will **automatically** receive two (2) years of one-bureau Credit and Medical Monitoring Services unless you opt out of the Settlement. You do **not** need to submit a Claim Form to receive this benefit. Your unique enrollment code to activate the monitoring **after** the Court grants final approval of the Settlement is on the front of this Notice. Visit the Settlement Website, www.[website].com for updates on the Settlement.

Class Member ID: <<refnum>> <<firstname>>
<<mi>> <<lastname>> <<address1>>
<<address2>> <<City>>, <<State>> <<Zip>>

If different from the preprinted data on the left, please print your correct address information.

Address

City State Zip Code

Check the box below to claim an Alternative Cash Payment:

☐ **Alternative Cash Payment:** Yes, I want to receive an Alternative Cash Payment of $25.*

*You cannot file a Claim Form for both a Compensation for Out-of-Pocket Losses and an Alternative Cash Payment.

I declare under penalty of perjury that the information supplied in this Claim Form is true and correct. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information.

Signature:	**Date (MM/DD/YYYY)**: