

# **EXHIBIT C**

*In re Great Expressions Data Security Incident Litigation*  
*Case No. 2:23-cv-11185 (Eastern District of Michigan)*

**Great Expressions Settlement**

**“SSN SUBCLASS MEMBERS” CLAIM FORM FOR UP TO \$500 CASH PAYMENT AND  
REIMBURSEMENT OF ORDINARY OUT-OF-POCKET LOSSES AND  
ORDINARY ATTESTED TIME AND/OR EXTRAORDINARY LOSSES**

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT [INSERT  
WEBSITE] NO LATER THAN [INSERT DATE].**

*ATTENTION: This Claim Form is to be used by “SSN Subclass Members” (Settlement Class Members whose Social Security numbers were potentially accessed or acquired during the Data Security Incident) to apply for relief related to the Data Security Incident that occurred between February 17, 2023 and February 22, 2023 and potentially affected current and former employees and patients of customers/licensees of ADG, LLC d/b/a Great Expressions Dental Centers (“ADG”) and Great Expressions Dental Centers, P.C. (“GEDC”) (collectively, “Defendants”). The types of relief for which these individuals may be eligible are, for all SSN Subclass Members,*

- (i) ***A Cash Payment of up to \$500.00.*** *In addition to, or in the alternative to, making claims for Ordinary Out-of-Pocket Losses and Ordinary Attested Time and/or claims for Extraordinary Losses, SSN Subclass Members may elect to receive a cash payment of up to \$500.*
- (ii) *Reimbursement of Ordinary Out-of-Pocket Losses up to \$500 per individual for unreimbursed costs, losses, or expenditures incurred in responding to notice of the Data Security Incident that were incurred between February 17, 2023 and the Claims Deadline,*
- (iii) *Whether or not they incurred Ordinary Out-of-Pocket Losses, SSN Subclass Members may also submit a claim for up to 2 hours of time spent responding to receiving notice of the Data Security Incident at a rate of \$20 per hour by providing an attestation and a brief description of: (1) the actions taken in response to receiving notice of the Data Security Incident; and (2) the time associated with each action (“Ordinary Attested Time”), and/or*
- (iv) *Reimbursement of Extraordinary Losses up to \$5,000 per individual for unreimbursed costs, losses, or expenditures that are fairly traceable to the Data Security Incident and not reimbursable as Ordinary Out-of-Pocket Losses.*

*Cash Payments will be subject to an aggregate cap of \$300,000. If the aggregate amount of Cash Payments exceeds \$300,000, such payments will be decreased pro rata to total of \$300,000. Approved Claims for Ordinary Out-of-Pocket Losses and Attested Time and Extraordinary Losses for SSN Subclass Members will be subject to an aggregate cap of \$150,000. If the aggregate amount of Approved Claims for Ordinary Out-of-Pocket Losses and Attested Time and Extraordinary Losses for SSN Subclass Members exceeds \$150,000, such claims will be decreased pro rata to total of \$150,000.*

*To submit a Claim, you must have been identified as a potential Settlement Class Member from Defendants’ business records and received Notice of this Settlement with a **unique Claim Number**.*

**PLEASE BE ADVISED** that any documentation you provide must be submitted **WITH** this Claim Form.

**Note that you MUST separately apply for Ordinary Out-of-Pocket Losses, including Attested Time, and/or Extraordinary Losses using this claim form.**

**CLAIM VERIFICATION:** All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

**ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement website at **[INSERT]** for additional information or call **[INSERT PHONE NUMBER]**.

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.**

**Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.**

**REGISTRATION**

First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address:

City:	State:	ZIP Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number:

 -  - 

Email Address:

**Please provide the Claim Number identified in the notice that was e-mailed to you:**

*Instructions. Please follow the instructions below and answer the questions as instructed.*

**CLAIM INFORMATION**

***Section A. Confirm Your Eligibility***

**Did you receive a unique Claim Number indicating that you may be a member of the Settlement Class?**

Yes  No

*If yes, you are a member of the Settlement Class and may file a claim.*

*If no, you are not a member of the Settlement Class and do not qualify to file a Claim.*

**Would you like to make a claim for a Cash Payment of up to \$500? If yes, check the appropriate box(es) below:**

**I would like a Cash Payment of up to \$500**

**Did you incur any unreimbursed costs, losses, or expenditures (i) as a result of receiving notice of the Data Security Incident or (ii) that are fairly traceable to the Data Security Incident? For example, did you:**

1. *Incur unreimbursed costs associated with accessing or freezing/unfreezing credit reports with any credit reporting agency?*
2. *Incur unreimbursed miscellaneous expenses related to notary, fax, postage, copying, mileage, or long-distance telephone charges?*
3. *Incur unreimbursed costs for credit monitoring or other mitigative costs?*
4. *Incur unreimbursed costs as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information?*

Yes  No

*If yes, you may be eligible to fill out **Section B** of this form and provide corroborating documentation.*

## **Section B.**

### **Reimbursement for Ordinary Out-of-Pocket Losses**

*If you incurred unreimbursed costs, losses, or expenditures in responding to notice of the Data Security Incident that were incurred between February 17, 2023 and the Claims Deadline, you may be eligible to receive a payment to compensate you for these costs, losses, or expenditures.*

*Ordinary Out-of-Pocket Losses may include, without limitation, the following: (1) costs associated with accessing or freezing/unfreezing credit reports with any credit reporting agency; (2) other miscellaneous expenses incurred related to any Ordinary Out-of-Pocket Losses such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (3) credit monitoring or other mitigative costs.*

*If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit proof** of your unreimbursed costs and expenditures and the dollar amount of those costs and expenditures, you will be eligible to receive reimbursement of up to **\$500.00**.*

*Documentation supporting Ordinary Out-of-Pocket Losses can include receipts or other documentation not “self-prepared” that documents the costs incurred. “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.*

*Providing adequate proof of your unreimbursed costs, losses, and expenditures does not ensure that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of Ordinary Out-of-Pocket Losses exceeds the funds available under the Settlement Agreement, then Claims for Ordinary Out-of-Pocket Losses and Attested Time will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.*

*Approved Claims for Ordinary Out-of-Pocket Losses will be paid directly to you electronically, unless you request to be paid by check as indicated below.*



**Reimbursement for Ordinary Attested Time**

If you spent between one (1) and two (2) hours of time responding to receiving notice of the Data Security Incident you may claim reimbursement for Attested Time.

1 Hour       2 Hours

Please provide a brief description of (1) the actions you took in response to the Security Incident; and (2) the time associated with each action:

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**Attestation (You must check the box below to obtain compensation for lost time)**

I attest under penalty of perjury that I spent the number of hours claimed above responding to receiving notice of the Data Security Incident.

*Approved Claims for Ordinary Attested Time will be paid directly to you electronically, unless you request to be paid by check as indicated below.*

## **Reimbursement for Extraordinary Losses**

*If you incurred unreimbursed costs, losses, or expenditures that are fairly traceable to the Data Security Incident and not reimbursable as Ordinary Out-of-Pocket Losses, you may be eligible to receive a payment to reimburse you for these costs, losses, or expenditures.*

*Extraordinary Losses will be deemed “fairly traceable” to the Data Security Incident if (1) the timing of the cost or expenditure occurred on or after February 17, 2023; and (2) the personal information used to commit identity theft or fraud consisted of the same type of personal information that was potentially impacted in the Data Security Incident.*

*Extraordinary Losses may include, without limitation, the unreimbursed costs, losses, or expenditures incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information.*

*If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit proof** of your unreimbursed costs, losses, and expenditures and the dollar amount of those unreimbursed costs, losses, and expenditures, you will be eligible to receive reimbursement of your documented unreimbursed costs and expenditures of up to **\$5,000.00**.*

*Documentation supporting Extraordinary Losses can include receipts or other documentation not “self-prepared” that documents the unreimbursed costs, losses, or expenditures incurred. “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.*

*Providing adequate proof of your unreimbursed costs, losses, and expenditures does not ensure that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the aggregate amount of Extraordinary Losses and Attested Time claimed exceeds the funds available under the Settlement Agreement, then Claims for Extraordinary Losses and Attested Time will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.*

*Approved Claims for Extraordinary Losses will be paid directly to you electronically, unless you request to be paid by check as indicated below.*

For each unreimbursed cost, loss, or expenditure you incurred that is fairly traceable to the Data Security Incident and not reimbursable as Ordinary Out-of-Pocket Losses, please provide documentation supporting the cost or expenditure and, if the nature of the cost or expenditure is not apparent from the documentation alone, a brief description of the documentation describing the nature of the cost or expenditure.

**You must provide ALL this information for this Claim to be processed.** Supporting documentation must be submitted electronically or mailed to the Claims Administrator. Please make electronic submissions as part of this Claim Form at [\[Insert Website\]](#) and provide the additional information required below. **If you fail to provide sufficient supporting documentation, the Settlement Administrator will deny your Claim.** Please provide only copies of your supporting documentation and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator’s privacy policy is available at [\[Insert Website\]](#). With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendants in this action. Please do not directly communicate with Defendants regarding this matter. All inquiries are to be sent to the Claims Administrator.

*Examples of such costs, losses, or expenditures include unreimbursed costs, losses, or expenditures incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information.*

*Examples of documentation include receipts.*

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation																
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**Section C. Payment**

If your Claim is approved, you will receive payment under this Settlement electronically. If you do not wish to receive an electronic payment, payment will be in the form of a check sent to the mailing address you provided above.

Please check the box if you **do not** want to receive your payment electronically:

If you wish to receive an electronic payment, you may receive it in the following manners:

[Settlement Administrator to provide for electronic payment manners and instructions]

**Section D. Settlement Class Member Affirmation**

By submitting this Claim Form and checking the box below, I declare that I received notification from Defendants that I have been identified as a potential Settlement Class Member. If I have submitted a Claim for Ordinary Out-of-Pocket Losses and/or Attested Time and/or Extraordinary Losses, I declare that I incurred the claimed unreimbursed costs, losses, or expenditures and that I believe they were incurred as a result of the Data Security Incident.

I understand that my Claim and the information provided above will be subject to verification.

I also understand that I may not be entitled to recover under this Settlement if I am employed by and/or affiliated with the Judge or Magistrate presiding over this action, and/or am an officer, director, member, or shareholder of Defendants.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

**Yes, I understand that my failure to check this box may render my Claim null and void.**

Please include your name in both the Signature and Printed Name fields below.

Signature:

Date:   –   –    
MM DD YY

Printed Name:

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT [INSERT WEBSITE] NO LATER THAN [90 days after the Class Notice Date].**

*In re Great Expressions Data Security Incident Litigation  
Case No. 2:23-cv-11185 (Eastern District of Michigan)*

**Great Expressions Settlement**

**“NON-SSN SUBCLASS MEMBERS” CLAIM FORM FOR ATTESTED TIME**

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT [INSERT WEBSITE] NO LATER THAN [INSERT DATE].**

***ATTENTION:** This Claim Form is to be used by “Non-SSN Subclass Members” (Settlement Class Members whose Social Security numbers were not potentially accessed or acquired during the Data Security Incident) to apply for relief related to the Data Security Incident that occurred between February 17, 2023 and February 22, 2023 and potentially affected current and former employees and patients of customers/licensees of ADG, LLC d/b/a Great Expressions Dental Centers (“ADG”) and Great Expressions Dental Centers, P.C. (“GEDC”) (collectively, “Defendants”). The types of relief for which these individuals may be eligible are, for all Non-SSN Subclass Members,*

- (i) *Non-SSN Subclass Members may submit a claim for up to 2 hours of time spent remedying issues related to the Data Security Incident at a rate of \$20 per hour by providing an attestation and a brief description of: (1) the actions taken in response to the Data Security Incident; and (2) the time associated with each action (“Non-SSN Attested Time”).*

*Per the Settlement Agreement, if the aggregate amount of Approved Claims for Non-SSN Attested Time by Non-SSN Subclass Members exceeds the remaining amount of the Settlement Fund, such claims will be decreased pro rata to consume the remaining amount of the Settlement Fund. If the aggregate amount of Approved Claims for Non-SSN Attested Time by Non-SSN Subclass Members is less the remaining amount of the Settlement Fund, such claims will be increased pro rata to consume the remaining amount of the Settlement Fund or up to \$80 per claim, whichever occurs first. Any remainder will be used to increase the Cash Payments for SSN Subclass Members pro rata.*

*To submit a Claim, you must have been identified as a potential Settlement Class Member from Defendants’ business records and received Notice of this Settlement with a **unique Claim Number**.*

***PLEASE BE ADVISED** that any documentation you provide must be submitted **WITH** this Claim Form.*

***CLAIM VERIFICATION:** All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.*

***ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement website at [INSERT] for additional information or call [INSERT PHONE NUMBER].*

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.**

**Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.**

**REGISTRATION**

First Name:

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MI:

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Last Name:

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Mailing Address:



**CLAIM INFORMATION**

***Section A. Confirm Your Eligibility***

**Did you receive a unique Claim Number indicating that you may be a member of the Settlement Class?**

Yes  No

*If yes, you are a member of the Settlement Class and may file a claim.*

*If no, you are not a member of the Settlement Class and do not qualify to file a Claim.*

**Did you spend time remedying issues related to the Data Security Incident?**

Yes  No

*If yes, you may be eligible to fill out **Section B** of this form and provide corroborating documentation.*

**Section B.**

**Reimbursement for Non-SSN Attested Time**

If you spent between one (1) and two (2) hours of time responding to receiving notice of the Data Security Incident you may claim reimbursement for Non-SSN Attested Time.

1 Hour       2 Hours

Please provide a brief description of (1) the actions you took in response to the Security Incident; and (2) the time associated with each action:

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**Attestation (You must check the box below to obtain compensation for lost time)**

I attest under penalty of perjury that I spent the number of hours claimed above responding to receiving notice of the Data Security Incident.

*Approved Claims for Non-SSN Attested Time will be paid directly to you electronically, unless you request to be paid by check as indicated below.*

**Section C. Payment**

If your Claim is approved, you will receive payment under this Settlement electronically. If you do not wish to receive an electronic payment, payment will be in the form of a check sent to the mailing address you provided above.

Please check the box if you **do not** want to receive your payment electronically:

If you wish to receive an electronic payment, you may receive it in the following manners:

[Settlement Administrator to provide for electronic payment manners and instructions]

**Section D. Settlement Class Member Affirmation**

By submitting this Claim Form and checking the box below, I declare that I received notification from Defendants that I have been identified as a potential Settlement Class Member. If I have submitted a Claim for Non-SSN Attested Time, I declare that I incurred the claimed unreimbursed costs, losses, or expenditures and that I believe they were incurred as a result of the Data Security Incident.

I understand that my Claim and the information provided above will be subject to verification.

I also understand that I may not be entitled to recover under this Settlement if I am employed by and/or affiliated with the Judge or Magistrate presiding over this action, and/or am an officer, director, member, or shareholder of Defendants.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

**Yes, I understand that my failure to check this box may render my Claim null and void.**

Please include your name in both the Signature and Printed Name fields below.

Signature:

Date:   –   –    
MM DD YY

Printed Name:

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT [INSERT WEBSITE] NO LATER THAN [90 days after the Class Notice Date].**