

Exhibit C

8307600000000

8307600000000

Your claim must be
submitted online or
postmarked by:
Month xx, 202x

CLAIM FORM

In re American Addiction Centers, Inc. Data Breach Litigation
No. 3:24-cv-01505
United State District Court for the Middle District of Tennessee

AAC - C

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as a Settlement Class Member whose Private Information may have been compromised in the Data Incident. You may submit a Claim for Participating Settlement Class Member Benefits as outlined below.

Please refer to the Long Form Notice posted on the Settlement Website [www.\[website\].com](http://www.[website].com) for more information.

To receive Credit Monitoring, reimbursement for documented expenses, and/or a cash payment, you must submit the Claim Form below electronically at [www.\[website\].com](http://www.[website].com) by 11:59 p.m. CT on Month xx, 202x.

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:

In re American Addition Centers, Inc. Data Breach Litigation
c/o Kroll Settlement Administration
PO Box XXXX
New York, NY 10150-XXXX

You may submit a Claim for all of the following benefits:

- 1) **Credit Monitoring:** Participating Settlement Class Members may enroll in two years of Credit Monitoring and identity theft protection services. The Credit Monitoring and identity theft protection services will be provided by one of the major credit bureaus and include at least \$1,000,000 in identity theft protection insurance.
- 2) **Reimbursement for Documented Expenses:** Participating Settlement Class Members may submit a Claim for reimbursement of documented expenses and losses that are fairly traceable to the Data Incident, up to \$5,000 per Claimant. Claims for reimbursement of documented expenses and losses must be supported with third-party documentation and the expense or loss must be an actual, documented, and unreimbursed monetary expense or loss, fairly traceable to the Data Incident, have been incurred after the first date of the Data Incident, and must not have been already covered by one or more of the other reimbursement categories or otherwise reimbursed by a third-party, including a financial institution.
- 3) **Cash Payment:** Participating Settlement Class Members may submit a Claim for an estimated \$50 *pro rata* cash payment to compensate for their alleged harms. This cash payment is in addition to any Claims for Credit Monitoring and reimbursement for document expenses. The cash payment may be increased or decreased on a *pro rata* basis.

I. PAYMENT SELECTION

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

II. 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.

8307600000000
8307600000000

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Telephone Number: () -

III. REIMBURSEMENT FOR DOCUMENTED EXPENSES

Participating Settlement Class Members are eligible to receive reimbursement of up to \$5,000 for documented expenses and losses that are fairly traceable to the Data Incident. These include, but are not limited to, (1) losses from fraudulent transactions wherein an unauthorized individual diverted, debited, withdrew, or otherwise conducted fraudulent operations to deprive the Claimant of actual money and such money; (2) bank fees; (3) postage; (4) copying; (5) travel costs; (6) notary fees related to addressing the misuse of the Settlement Class Members' Private Information; (7) fees for credit repair services; and (8) costs for additional credit reports, credit monitoring, or other identity theft insurance products.

To receive a payment for documented expenses, (1) these expenses must be supported with third-party documentation; (2) the expense or loss must be an actual, documented, and unreimbursed monetary expense or loss; (3) the expense or loss must be fairly traceable the Data Incident; (4) the expense must have been incurred after the first date of the Data Incident, September 26, 2024; and (5) the expense must not have been already covered by one or more of the other reimbursement categories or otherwise reimbursed by a third party, including but not limited to a financial institution.

You must have unreimbursed documented expenses incurred as a result of the Data Incident and submit documentation to obtain this Settlement benefit.

☐ I have attached documentation showing that the documented expenses listed below were caused by the Data Incident. "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 Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Credit Monitoring Service	0 7/17/25 (mm/dd/yy)	\$50.00	Copy of credit monitoring service bill
	____/____/____ (mm/dd/yy)	\$____.____	

8307600000000

8307600000000

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

IV. CASH PAYMENT

By checking the box below, I request an estimated \$50 *pro rata* cash payment.

☐ Yes, I request a *pro rata* cash payment estimated to be \$50.

V. CREDIT MONITORING SERVICES

By checking the box below, I am requesting two years of one-bureau Credit Monitoring services.

☐ Yes, I want to receive two years of one-bureau Credit Monitoring services.

VI. 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.

Signature

____/____/____
Date (mm/dd/yyyy)

Print Name

Reminder Checklist

If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the contact section of the Settlement Website at [www.\[website\].com](http://www.[website].com) and provide your updated address information. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.

For more information, visit [www.\[website\].com](http://www.[website].com) or call the Settlement Administrator at (xxx) xxx-xxxx.