

# Exhibit C

Geisinger Health Data Incident Settlement  
c/o Kroll Settlement Administration LLC  
P.O. Box  
New York, NY 10150-XXXX

***In re Geisinger Health Data Security  
Incident Litigation***

Case No. 4:24-CV-01071

U.S. District Court for the M.D. of Pennsylvania

**IF YOU WERE IMPACTED BY THE  
NOVEMBER 29, 2023 GEISINGER HEALTH  
DATA INCIDENT, A PROPOSED CLASS ACTION  
SETTLEMENT MAY AFFECT YOUR RIGHTS,  
AND ENTITLE YOU TO BENEFITS  
AND A CASH PAYMENT.**

For more information about the proposed class action settlement, including how to submit a claim, exclude yourself, or submit an objection, please visit [www.\[SettlementWebsite\].com](http://www.[SettlementWebsite].com) or call toll-free (XXX) XXX-XXXX

*A court has authorized this Notice. This is not a solicitation from a lawyer. You are not being sued.*

First-Class  
Mail  
US Postage  
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Permit #\_\_

«Barcode»

Postal Service: Please do not mark barcode

Unique Claim ID: XXX- «LoginID» - «MailRec»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»

«Country»

### Why am I receiving this notice?

A Settlement has been reached with Geisinger Health ("Geisinger") and Nuance Communications, Inc. ("Nuance") in a class action lawsuit. The case is about the November 29, 2023, data security incident (the "Data Incident"), during which files containing personally identifiable information or personal health information of Geisinger's patients were accessed. Defendants deny that they did anything wrong. The parties have agreed to settle the lawsuit ("Settlement") to avoid the risks, disruption, and uncertainties of continued litigation. A copy of the Settlement is available at [www.\[SettlementWebsite\].com](http://www.[SettlementWebsite].com).

### Who is included in the Settlement?

The Court has defined the Settlement Class as all persons in the United States whose personally identifiable information or personal health information was compromised in the Data Incident that occurred on or about November 29, 2023, wherein an unauthorized individual gained access to certain patient information from Geisinger, including all persons who were sent a notice of this Data Incident.

The Court has appointed experienced attorneys to represent the Settlement Class.

### What are the Settlement benefits?

All Class Members can enroll in one (1) year of Identity Protection and Credit/Medical Monitoring services. All Class Members can **also** claim one of the following **cash payment** options: (1) if you have documented losses you can receive up to **\$5,000** for out-of-pocket losses; **or** (2) you can claim an

alternative cash payment. The amount of cash you will depend on the number of claims submitted.

### How do I receive a benefit?

To claim credit monitoring services, or cash payment for documented losses, or the alternative cash payment, simply complete the attached Claim Form, tear at perforation, and return by U.S. Mail. Postage is already paid. To submit a claim for out-of-pocket losses, visit [www.\[SettlementWebsite\].com](http://www.[SettlementWebsite].com) or call (XXX) XXX-XXXX. **Claims must be submitted online or postmarked by [Claims Deadline].**

### What if I don't want to participate in the Settlement?

If you do not want to be part of the Settlement, you must exclude yourself by **[Opt-Out Deadline]** or you will not be able to sue Defendants for the claims made in this lawsuit. If you exclude yourself, you cannot get benefits from this Settlement. If you want to object to the Settlement, you may file an Objection by **[Objection Deadline]**. The Settlement Agreement, available at [www.\[SettlementWebsite\].com](http://www.[SettlementWebsite].com), explains how to exclude yourself or object.

### When will the Court approve the Settlement?

The Court will hold a hearing in this case on **[FA Hearing Date]** at **[ADDRESS]**, to consider whether to approve the Settlement. The Court will also consider Class Counsel's request.

**THIS NOTICE IS ONLY A SUMMARY.**

**VISIT [WWW.\[SETTLEMENTWEBSITE\].COM](http://WWW.[SETTLEMENTWEBSITE].COM)**

**OR SCAN THIS QR CODE**

**FOR COMPLETE INFORMATION OR  
YOUR ADDRESS.**

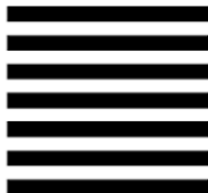


You may attend the hearing at your own cost, or you do not have to.



POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**Geisinger Health Data Incident Settlement**  
**c/o Kroll Settlement Administration LLC**  
**P.O. Box [PO Box Number]**  
**New York, NY 10150-XXXX**



**Geisinger Health Data Incident Settlement**

«First1» «Last1»  
«Addr1» «Addr2»  
«City», «St» «Zip»

Complete this Claim Form, tear at perforation, and return by  
U.S. Mail no later than **Claims Deadline**.

Unique ID: «LoginID»  
PIN: «PIN»

Note: Claims for reimbursement of out-of-pocket losses require supporting documentation and must be submitted online at [www.SettlementWebsite.com](http://www.SettlementWebsite.com) or mailed to the Settlement Administration with a separate Claim Form.)

☐

Check this box to enroll in Credit/Medical Monitoring and Identity Theft Protection services.

☐

Check this box to claim an Alternative Cash Payment.

To receive the alternative cash payment from this Settlement via an electronic payment, you must submit a Claim Form electronically at [www.website.com](http://www.website.com) by **DATE** ***You must notify the Settlement Administrator if your contact information is different from what is shown above, or changes after you submit this form.***