

# Exhibit H

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**Your claim must  
be submitted  
online or  
postmarked by:**

## <<Claims Deadline>>

**CLAIM FORM FOR APRIA DATA BREACH CLASS ACTION**  
**LAWSUIT**

*Smith et al v. Apria Healthcare LLC*

Case No. 1:23-cv-01003-JPH-KMB

United States District Court for the Southern District of Indiana

**APRIA-C**

**USE THIS FORM ONLY IF YOU ARE A SETTLEMENT CLASS MEMBER**

## GENERAL INSTRUCTIONS

If you received a Notice of this Settlement, the Settlement Administrator identified you as a Settlement Class Member who may have received actual or constructive notice from Apria that your information may have been compromised as a result of the Data Breach (defined in the Settlement Agreement as the “Illegal Hacking Events”). You may submit a claim for Settlement Payments, outlined below.

Please refer to the Notice posted on the Settlement Website [www.Website.com](http://www.Website.com), for more information on submitting a Claim Form and if you are part of the Settlement Class.

**To receive a Settlement Payment from this Settlement via an electronic payment, you must submit the Claim Form below electronically at [www.Website.com](http://www.Website.com) by <<Claims Deadline>>.**

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:

<<Mailing Caption>>

c/o Kroll Settlement Administration LLC

PO Box XXXX

New York, NY 10150-XXXX

*Pro Rata* Cash Payments will be adjusted up or down depending on the amount of Approved Claims. Any increases or decreases to *Pro Rata* Cash Payments will be on an equal basis. **You may submit a claim for one or more of the following benefits:**

- 1) ***a) Reimbursement of Out-of-Pocket Losses or Expenses:*** reimbursement up to a total of \$2,000 per Person who is a Settlement Class Member, upon submission of an Approved Claim and supporting documentation, for out-of-pocket monetary losses or expenses incurred as a result of the Data Breach;

In addition to Out-of-Pocket Losses or Expenses, Settlement Class Members may also select:

- 2) ***b) Pro Rata Cash Payment.*** After the payment of the Fee Award and Costs, Notice and Administrative Expenses, Service Award Payments, and Out-of-Pocket Losses or Expenses, the Settlement Administrator will make *pro rata*, or equal share, cash Settlement Payments from the remaining Settlement Fund to each Settlement Class Member who submits an Approved Claim for this benefit. This *Pro Rata* Cash Payment may be selected by itself or in addition to a claim for Out-of-Pocket Losses and Expenses.

**Questions? Go to [www.Website.com](http://www.Website.com) or call (XXX) XXX-XXXX.**

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## I. PAYMENT SELECTION

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

## II. SETTLEMENT 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 Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address (optional): \_\_\_\_\_@\_\_\_\_\_.com

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## III. PROOF OF DATA BREACH SETTLEMENT CLASS MEMBERSHIP

☐

Check this box to certify if you are an individual who received actual or constructive notice from Apria that their information may have been compromised as a result of the Data Breach.

Enter the Class Member ID Number provided on your Notice:

Class Member ID : 0 0 0 0 0 \_\_\_\_\_

Questions? Go to [www.aaaaaaaaaaaaaaaaaaaaaaaa.com](http://www.aaaaaaaaaaaaaaaaaaaaaaaa.com) or call (XXX) XXX-XXXX.

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#### IV. OUT-OF-POCKET LOSSES OR EXPENSES

All Settlement Class Members are also eligible for reimbursement for up to \$2,000 per person for Out-of-Pocket Losses incurred as a result of the Data Breach, including:

- (i) *Unreimbursed losses* relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after <<the date of the Data Breach>> through <<the date of claim submission>>; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Settlement Class Members with Out-of-Pocket Losses or Expenses must submit documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that document 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 other submitted documentation.

This payment can be in addition to the *Pro Rata* Cash Payment.

**You must have unreimbursed Out-of-Pocket Losses or Expenses incurred as a result of the Data Breach and submit documentation to obtain this reimbursement.**

☐ I have attached documentation showing that the claimed losses were more likely than not caused by the Data Breach. "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: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$____.____	
	____/____/____ (mm/dd/yy)	\$____.____	
	____/____/____ (mm/dd/yy)	\$____.____	

Questions? Go to [www.Website.com](http://www.Website.com) or call (XXX) XXX-XXXX.

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#### IV. *PRO RATA* CASH PAYMENT

By checking the below box, I choose a *pro rata*, or equal share, cash payment (which may increase or decrease depending on Approved Claims and remaining Settlement Funds). **You may also submit a claim for Out-of-Pocket Losses or Expenses.**

☐

Yes, I choose a *Pro Rata* Cash Payment

#### 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

Date

Print Name

Questions? Go to [www.Website.com](http://www.Website.com) or call (XXX) XXX-XXXX.

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