

Exhibit C

AGH Data Incident Settlement
c/o Kroll Settlement Administration LLC
PO Box XXXX
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**

If you received this Notice, you have been identified as someone eligible to submit a claim under a class action settlement regarding a Data Incident.

www.abcdefghijklmnopqrstuvwxyz.com

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>

<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

<<Country>>

What is this Litigation about? The Litigation *Rentschler, et al. v. Atlantic General Hospital Corp.*, No.1:23-cv-01005, alleges that on or around January 20, 2023, cybercriminals breached Atlantic General Hospital Corporation's ("AGH") computer systems and accessed Private Information belonging to AGH's current and former patients (the "Data Incident"). You are a Settlement Class Member if you are a Person in the United States to whom AGH mailed a notification that your information may have been impacted in the Data Incident.

What are the Settlement Benefits and terms? Settlement Class Members who file a Valid Claim may receive either: reimbursement for Documented Losses incurred as a result of the Data Incident, or a Cash Award from the Post Loss Payment Net Settlement Fund. All Settlement Class Members may also elect to receive 3 years of credit monitoring and insurance services. The Net Settlement Fund is the amount of funds that remain from the \$2,250,000 Settlement Fund following payment of: Costs of Settlement Administration, Service Awards to Class Representatives, and Attorneys' Fees and Costs. More information is available on the Settlement Website.

What are your rights and options?

Submit a Claim Form. To qualify for Settlement Benefits, you must timely mail a Claim Form or timely complete and submit a Claim Form online at www.xxxxxxxxxxxxxx.com. Your Claim Form must be postmarked or submitted online no later than the Claims Deadline of [«Claims Deadline»](#).

Opt-Out. You may exclude yourself from the settlement and retain your ability to sue Defendant on your own by mailing a Request for Exclusion to the Settlement Administrator that is postmarked no later than [«Opt-Out Date»](#). If you do not exclude yourself, you will be bound by the settlement and give up your right to sue regarding the Released Claims.

Object. If you do not exclude yourself, you have the right to object to the settlement. Written objections must be signed, postmarked no later than [«Objection Date»](#). You may also appear at the Final Fairness Hearing. Further instructions can be found on the Long Notice and in the Settlement Agreement located on the Settlement Website www.xxxxxxxxxxxxxx.com.

Do Nothing. If you do nothing, you will not receive a Settlement Payment and will lose the right to sue regarding the Released Claims. You will be bound by the Court's decision because this is a conditionally certified class action.

Attend the Final Fairness Hearing. The Court will hold a Final Fairness Hearing at [«time» on «Date»](#), to determine if the settlement is fair, reasonable, and adequate. All Persons who timely object to the settlement may appear at the Final Fairness Hearing.

Who are the attorneys for the Plaintiffs and the proposed Settlement Class?

The Court appointed Cafferty Clobes Meriweather & Sprengel LLP; Milberg Coleman Bryson Phillips Grossman PLLC; and Kramon & Graham, P.A. to represent the Settlement Class. If you want to be represented by your own lawyer, you may hire one at your own expense.

Do I have any obligation to pay attorneys' fees or expenses?

No. The Fee Award and Costs will be paid exclusively from the Settlement Fund as awarded and approved by the Court. The requested fee award will be in an amount of 33.3% of the Settlement Fund or \$750,000 plus reasonable expenses incurred. The motion for Fee Award and Costs and Service Awards will be posted on the Settlement Website after it is filed with the Court.

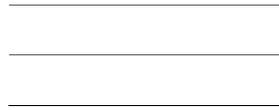
What is the amount of the Representative Plaintiffs' Service Awards?

The Plaintiffs, or "Class Representatives" will seek Service Awards of up to \$1,500 each for their time, effort and service to the Settlement Class in this matter.

Where may I locate a copy of the Settlement Agreement, learn more about the case, or learn more about submitting a Settlement Claim?

www.xxxxxxxxxxxxxx.com

This notice is a summary of the proposed settlement.



**Postage
Required**

Renschler Data Incident Settlement
c/o Kroll Settlement Administration LLC PO
Box XXXX
New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>

CLAIM FORM

Settlement Claims must be postmarked no later than the Claims Deadline of <<Claims Deadline>>. You MUST submit a Claim Form online to make a Settlement Claim for documented loss payment no later than <<Claims Deadline>>.

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

If different than the preprinted data on the left, please print your correct information:

| | | |
|------------|-------|-----------|
| First Name | MI | Last Name |
| Address | | |
| City | State | ZipCode |

1. **Cash Award:** Would you like to receive a Cash Award? (circle one) **Yes** **No**
In the alternative of documented losses payment, any Settlement Class Member may submit a Settlement Claim for a Cash Award. The amount of the Cash Award depends on the total Post Loss Payment Net Settlement Funds remaining after payment of all other claim types.

By signing my name below, I fully and finally discharge and release any liability against Defendant and releasees. I agree to be bound by this settlement and not to sue or otherwise make a claim against any of the releasees as to any of the Released Claims.

Signature: _____ Dated: ____/____/_____