

Exhibit C

Settlement Administrator – <Case ID>

[Settlement Administrator's Address]

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

Electronic Service Requested

COURT-APPROVED LEGAL NOTICE

**If You Are a Person Residing in the
United States Who MedStar Health, Inc.
Identified as Having Personal
Information at Issue in the Data Incident,
You Are Eligible to Receive a Settlement
Class Member Benefit from a Class
Action Settlement.**

www.website.com

<<Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark barcode

<<FirstName>> <<LastName>>

<<Company>>

<<Address>>

<<Address2>>

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

NOTICE OF PROPOSED CLASS ACTION SETTLEMENT

A proposed settlement has been reached in a class action lawsuit known as *Gwendolyn Riddick v. Medstar Health, Inc.*, Case No. 1:24-cv-01335, filed in the United States District Court for the District of Maryland.

What is this Action about? The people who sued are called the Plaintiffs or Class Representatives, and the company they sued, MedStar Health, Inc., is known as the Defendant in this case. The Action alleges that between January 25, 2023, and October 18, 2023, an unauthorized third party gained access to the email accounts of three of Defendant's employees and accessed containing' Personal Information. On May 3, 2024, Defendant began notifying by mail the former and current patients and employees, whose Personal Information may have been accessed during the Data Incident. Defendant denies any wrongdoing whatsoever and the Court has not ruled that Defendant did anything wrong.

Who is a Settlement Class Member? You are affected by the Settlement and potentially a Settlement Class Member if you are a person residing in the United States whom Defendant identified as having Personal Information at issue in the Data Incident.

What does the Settlement provide? The Settlement provides the following Settlement Class Member Benefits available to Settlement Class Members who submit Valid Claims : (a) Cash Payment A – Documented Losses, up to \$5,000 per Settlement Class Member, with supporting documentation; or (b) Cash Payment B – Alternate Cash Payment – an estimated \$100 Cash Payment subject to a *pro rata* (proportional) adjustment depending on the number and type of Valid Claims ; and (c) one year of CyEx's Medical Shield Complete to monitor medical and healthcare data.

How to make a Claim? You must file a Claim Form by mail **postmarked by [DATE]**, and mailed to the Settlement Administrator's address below, or online at **www.website.com** by **[DATE]**, to receive compensation from the Settlement.

What are my other rights?

- **Do nothing:** If you do nothing, you will remain in the Settlement, but you will not receive compensation. You give up your rights to sue Defendant or any other Released Parties related to the Data Incident, and you will be bound by the Releases of the Released Parties as defined in the Settlement Agreement.
- **Exclude yourself:** You can get out of the Settlement and keep your right to sue Defendant related to the Data Incident, but you will not receive any compensation from the Settlement. You must submit a valid and timely request to opt-out to the Settlement Administrator by **[DATE]**.
- **Object:** You can stay in the Settlement but tell the Court why you think the Settlement, or parts of it, should not be approved. Your written objection must be submitted by **[DATE]**. Detailed instructions on how to file a Claim Form, exclude yourself, object, or appear at the hearing can be found in the Long Form Notice found on the Settlement Website, **www.website.com**. The Court will hold the Final Approval Hearing on **[DATE] at [TIME] a.m. ET [and it may be conducted remotely]**, to consider whether the Settlement is fair, reasonable, and adequate and to consider Class Counsel's request for attorneys' fees of up to one-third of the Settlement Fund (\$450,000), plus reimbursement of reasonable costs and expenses incurred related to the Action, and Service Awards of \$2,500 for each of the Class Representatives. You may attend the hearing, but you don't have to.

This Notice is only a summary. For more information, including a copy of the Settlement Agreement, Long Form Notice, Claim Form, and other documents, or to change or update your contact information, visit the Settlement Website at **www.website.com**, or call toll-free **(XXX) XXX-XXXX**. You may also contact the Settlement Administrator at Settlement Administrator - **<Case ID>**, c/o [Settlement Administrator's Address].

Need More Information? Visit **www.website.com** or call toll-free **(XXX) XXX-XXXX**.

Postage
Required

Settlement Administrator – <Case ID>
[Settlement Administrator's Address]

<<Barcode>>

Class Member ID: <<Refnum>>

Address Update

If you have an address different from where this Postcard Notice was mailed to, please write your correct address and email below and return this portion to the address provided on the other side.

****THIS NOTICE IS NOT A CLAIM FORM****

DO NOT USE THIS POSTCARD TO FILE A CLAIM, AN EXCLUSION, OR OBJECTION.

Name: _____
First Name M.I. Last Name

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ @ _____