

Exhibit F

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Your Claim must
be submitted
online or
postmarked by:
<<Claim Form
Deadline>>

CLAIM FORM FOR MEDSTAR DATA INCIDENT ACTION

Gwendolyn Riddick v. Medstar Health, Inc.
Case No. 1:24-cv-01335
United States District Court for the District of Maryland

MEDSTAR

GENERAL INSTRUCTIONS

Please read the Long Form Notice posted on the Settlement Website, www.Website.com, carefully before filing out this Claim Form and for more information on submitting a Claim Form and if you are part of the Settlement Class.

To receive a Settlement Class Member Benefit from this Settlement, you must submit the Claim Form by <<Claim Form Deadline>>.

This Claim Form may be submitted online on the Settlement Website, www.Website.com, or may 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:

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

Settlement Class Members under the Settlement Agreement will be eligible to receive:

- ❖ **Cash Payment A – Documented Losses:** Settlement Class Members may submit a Claim for a Cash Payment for up to **\$5,000** per Settlement Class Member that had documented losses related to the Data Incident, upon submission of a Valid Claim and **supporting documentation**; **OR**
- ❖ **Cash Payment B – Alternate Cash Payment:** As an alternative to Cash Payment A – Documented Losses above, a Settlement Class Member may elect to receive Cash Payment B – Alternate Cash Payment, which is a Cash Payment in the estimated amount of **\$100** subject to a *pro rata* (proportional) adjustment depending on the number and type of Valid Claims.

All Cash Payments will be subject to a *pro rata* (proportional) increase in the event the approved dollar amount of the Valid Claims, combined with the Settlement Administration Costs, the cost of Medical Data Monitoring, and Court-approved attorneys' fees, costs, expenses, and Service Awards are insufficient to exhaust the entire Settlement Fund. Similarly, in the event the approved dollar amount of the Valid Claims, combined with the Settlement Administration Costs, the cost of Medical Data Monitoring, and Court-approved attorneys' fees, costs, expenses, and Service Awards exhausts the amount of the Settlement Fund, the amount of the Cash Payments will be reduced *pro rata* (proportionally).

In addition to the above benefits, the Settlement provides the following:

- ❖ **Medical Data Monitoring** – Settlement Class Members may elect one year of Cyex Medical Shield Complete to monitor medical and healthcare data.

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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I. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

- ☐ **Digital Payment-** The payment email will be sent to the email address provided below. If no email is provided, you will receive a check.
- ☐ **Physical Check** - Payment will be mailed to the address provided below.

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: _____@_____

Telephone Number (optional): (_____) _____ - _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

- ☐ Check this box to certify if you are a person residing in the United States whom Defendant identified as having Personal Information at issue in the Data Incident.

Enter the Class Member ID Number provided on your Postcard Notice:

Class Member ID: 0 0 0 0 0

If you do not have this information but believe you may be a class member, please contact the Claims Administrator at 1-###-###-####.

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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IV. CASH PAYMENT A – DOCUMENTED LOSSES

To qualify for a cash payment, you must be one of the individuals identified by Defendant as having Personal Information at issue in the Data Incident.

All Settlement Class Members may submit a Claim for up to a total of \$5,000 per Settlement Class Member, upon submission of a valid Claim Form and supporting documentation.

- To receive a documented loss payment, a Settlement Class Member must elect Cash Payment A on the Claim Form attesting under penalty of perjury to incurring documented losses. Settlement Class Members will be required to submit reasonable and sufficient documentation supporting the losses.
- By way of example, reimbursable losses may include, but are not limited to, out-of-pocket credit monitoring costs incurred, out-of-pocket losses associated with any fraud or identity theft, such as loss of funds, bank fees, long-distance phone charges, postage, travel expenses, etc. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including, without limitation, compensation provided in connection with any identity protection and credit monitoring services that were incurred between January 25, 2023 and the Claim Form Deadline.

If a Settlement Class Member does not submit reasonable documentation supporting a loss, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure his or her Claim, the Claim will be rejected.

You must have documented losses incurred as a result of the Data Incident that were incurred between January 25, 2023 and the Claim Form Deadline and submit documentation to obtain this benefit.

☐ I have attached documentation showing that the documented losses were more likely than not 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 Documented Loss	Amount of Documented Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	07/17/20 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$_____.	

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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

V. CASH PAYMENT B – ALTERNATE CASH PAYMENT

By checking the box below, I choose Cash Payment B – Alternate Cash Payment which is an estimated \$100 cash payment subject to proration. The amount of the Alternate Cash Payment will be adjusted *pro rata* (proportionally) based on the total of the Valid Claims received, and the amount remaining in the Settlement Fund for distribution. **Do not submit a Claim for Cash Payment A – Documented Losses above.**

☐

Yes, I choose an estimated \$100 Cash Payment.

IN ADDITION TO A CASH PAYMENT, YOU MAY ALSO SELECT THE SETTLEMENT CLASS MEMBER BENEFIT BELOW

VI. MEDICAL DATA MONITORING

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One year of Medical Data Monitoring

In addition to Claims for Cash Payment A or Cash Payment B, Settlement Class Members may elect to receive one year of CyEx Medical Shield Complete to monitor medical and healthcare data. CyEx Medical Shield Complete includes one bureau of credit monitoring, health insurance plan ID monitoring, Medicare beneficiary monitoring, medical record number monitoring, Dark Web Monitoring, health savings account monitoring, national provider identifier monitoring, high-risk transaction monitoring, security freeze assistance, and victim assistance. **You may also select one of the Cash Payment benefits above.**

VII. 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 or call toll-free (XXX) XXX-XXXX.

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Once you've completed all applicable sections, please submit this Claim Form and all required documents either:
Online at www. .com by _____, **2025**; or mail this Claim Form and all required
supporting documentation to the address provided below, postmarked by _____, **2025**.

[INSERT CLAIMS ADMINISTRATOR
MAILING INFORMATION]

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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