

Exhibit C

Stroup, et al. v. Cardiovascular Consultants Ltd.
c/o Kroll Settlement Administration LLC
P.O. 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

**You are eligible for
benefits from a class
action settlement
regarding the
Cardiovascular
Consultants Ltd.
Data Incident.**

[www.\[website\].com](http://www.[website].com)

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>

<<Address>>

<<Address2>>

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

<<Country>>

A Settlement has been reached with Cardiovascular Consultants Ltd. (“CVC”) in a class action lawsuit concerning a data incident that involving CVS’s computer systems that CVC discovered on or around September 27, 2023 (the “Data Incident”). The information potentially exposed in the Data Incident includes names, Social Security numbers, addresses, dates of birth, contact information, Driver’s license numbers and/or state ID numbers, health insurance information, and medical information (“Personal Information”). The Defendant denies all wrongdoing.

Who is a Settlement Class Member? The Settlement Class consists of all individuals residing in the United States whose Personal Information was potentially compromised in the Data Incident discovered by CVC on September 29, 2023, including all those individuals who received notice of the Data Incident. Excluded from the Settlement Class are: (1) the judges presiding over this Action, and members of their direct families; (2) CVC, its subsidiaries, parent companies, successors, predecessors, and any entity in which CVC or its parents have a controlling interest; and (3) Settlement Class Members who submit a valid Request for Exclusion prior to the Opt-Out Deadline.

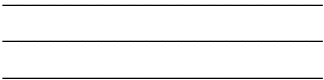
What does the Settlement provide? If approved by the Court, the Settlement provides that CVC will create a settlement fund of \$3,850,000. After deducting costs of notice and administration attorneys’ fee and costs, and service awards, the balance of the Settlement Fund will be used to provide Settlement Class Members with: (i) a *Pro Rata* Cash Payment (estimated at \$75) and/or (ii) Out-of-Pocket Losses (up to \$5,000 for unreimbursed losses and expenses). Settlement Class Members may also choose to receive two (2) years of Medical Monitoring. Total benefits are capped at \$5,000 per individual.

How do I get benefits? To get benefits from the Settlement, you must file a Claim Form online by 11:59 p.m. ET at [www.\[website\].com](http://www.[website].com), or use the attached Claim Form and mail it to the address on the form postmarked by **Month XX, 2026**.

What are my other options? If you do nothing, you won’t receive any Settlement benefits, you will remain in the Settlement and will give up your rights to sue regarding the Data Incident. You can opt out of the Settlement and keep your rights to sue regarding the Data Incident, but you will not get any compensation from the Settlement. You must submit a request for exclusion by Opt-Out Deadline. You can stay in the Settlement but tell the Court why you think the settlement should not be approved. Your written objection must be submitted by Objection Deadline. The Opt-Out and Objection deadline is **Month XX, 2026**.

The Court’s Final Approval Hearing. The Court will hold a hearing on **Month XX, 2026** at **XX:XX x.m. MT** to decide whether to approve the Settlement, up to \$1,283,333.33 in attorneys’ fees, plus reasonable costs, and \$5,000 Service Award payments to each Class Representative. You or your lawyer may attend the hearing at your own expense.

For more information or to update your address: Visit [www.\[website\].com](http://www.[website].com) for complete details about the Settlement and instructions on how to act on your rights and options. You may also call **(xxx) xxx-xxxx** for more information.



Pre-Paid
Postage

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P.O. Box XXXX
New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>

CLAIM FORM

Claims must be postmarked no later than **Month xx, 2026**.

You **MUST** submit a Claim Form online to receive your payment electronically.

Out-of-Pocket Losses Payment: You **MUST** submit a Claim Form online or use the full Claim Form on the Settlement Website to make a claim for Out-of-Pocket Losses because documentation is required. You may claim both Out-of-Pocket Losses and a *Pro Rata* Cash Payment as well as Medical Monitoring online or by using the full Claim Form.

Check the box next to each benefit you are claiming:

***Pro Rata* Cash Payment:** I want to receive a *Pro Rata* Cash Payment (approx. \$75*).

Yes

*Final amount to be determined after all valid Claim Forms are submitted.

Medical Monitoring Services: I want to receive two (2) years of Medical Monitoring.

Yes

Email Address: _____

By signing below, I swear and affirm under the laws of the State of Arizona that the information I have supplied in this Claim Form is true and correct to the best of my recollection.

Signature: _____

Date: _____ / _____ / _____