

Exhibit C

CLAIM FORM FOR THE WATSON CLINIC DATA INCIDENT BENEFITS

USE THIS FORM TO MAKE A CLAIM FOR AN UNREIMBURSED ORDINARY OUT-OF-POCKET LOSS PAYMENT, UNREIMBURSED EXTRAORDINARY LOSS AND ATTESTED TIME PAYMENT, AND/OR A RESIDUAL CASH PAYMENT

For more information, call **1-888-888-8888** or visit the website **www.[website].com**

The DEADLINE to submit this Claim Form online (or have it postmarked for mailing) is

[XXXX XX, 2025]

I. GENERAL INSTRUCTIONS

If you previously received a notice letter notifying you of the data incident Watson Clinic discovered in February 2024, you are a Settlement Class Member. The event that impacted your data is referred to here as the “Data Incident.”

The Settlement establishes a \$10,000,000 fund to compensate Settlement Class Members who had one or more digital images published on the dark web as a result of the Data Incident, reimburse Settlement Class Members for their out-of-pocket losses and attested time, pay residual cash payments to Settlement Class Members, and pay the costs of notice and administration, service awards, and attorneys’ fees and expenses as awarded by the Court. As a Settlement Class Member, you are eligible to make a claim for (i) reimbursement of monetary losses incurred in response to receiving notice of the Data Incident (such as money spent on credit monitoring), (ii) reimbursement of monetary losses that are fairly traceable to the Data Incident and incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information, (iii) compensation for time spent remedying issues related to the Data Incident, and/or (iv) a Residual Cash Payment.

The benefits are as follows:

a. Unreimbursed Ordinary Out-of-Pocket Losses

You are eligible to receive reimbursement of actual, documented, Unreimbursed Ordinary Out-of-Pocket Losses resulting from the Data Incident (up to \$500 in total), including, without limitation;

- Costs associated with accessing or freezing/unfreezing credit reports with any credit-reporting agency
- Other miscellaneous expenses incurred related to any Ordinary Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges
- Credit monitoring or other mitigative costs.

These Unreimbursed Ordinary Out-of-Pocket Losses must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

b. Unreimbursed Extraordinary Losses and Attested Time

You are eligible to receive reimbursement of actual, documented, Unreimbursed Extraordinary Losses and Attested Time (up to \$6,500 in total) for unreimbursed costs, losses, or expenditures that are fairly traceable to the Incident, and are not reimbursable as Ordinary Out-of-Pocket Losses, including, without limitation:

- Costs, losses, or expenditures incurred as a result of:
 - Identity theft
 - Identity fraud
 - Falsified tax returns

- Other possible misuse of personal information

In addition, Settlement Class Members with valid, documented Extraordinary Losses may also submit a claim for up to 5 hours of time spent remedying issues related to the Incident at a rate of \$25 per hour by providing an attestation and a brief description of (1) the actions taken in response to the Incident; and (2) the time associated with each action.

These Unreimbursed Extraordinary Losses and Attested Time must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

c. Residual Cash Payment

In addition to, or in the alternative to, making Claims for Ordinary Out-of-Pocket Losses and/or Extraordinary Losses and Attested Time, Settlement Class Members may elect to receive a cash payment of up to \$50 on a claims-made basis.

The amount of the Residual Cash Payment will be calculated by subtracting from the \$10,000,000.00 Settlement Fund the aggregate amount of approved Claims for Digital Image Cash Payments, approved Claims for Ordinary Out-of-Pocket Losses, approved Claims for Extraordinary Losses and Attested Time, Costs of Claims Administration, service awards awarded by the Court, and attorney’s fees and expenses awarded by the Court to determine the funds remaining in the Settlement Fund (the “Remainder”) and dividing the Remainder by the number of Settlement Class Members with an approved claim, and thus could be less than \$50.

* If the aggregate amount of Approved Claims for Ordinary Out-of-Pocket Losses, Approved Claims for Extraordinary Losses and Attested Time, and approved Residual Cash Payments is less than the Remainder, the difference will be allocated with a uniform, pro rata percentage increase to Settlement Class Members eligible for Digital Image Cash Payments

Completing the Claim Form

This Claim Form may be submitted online at **www.TBD.com** or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. If submitting by U.S. mail, mail your completed Claim Form, including any supporting documentation, to:

TBD

Settlement Administrator
P.O. Box XXXX
XXXXXX, XX XXXXX

II. CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

Claimant Name: _____
First Name _____ MI _____ Last Name _____

Street Address: _____

Street Address Second Line: _____

City: _____ State: _____ Zip Code: _____

Class Member ID: _____

If you received a notice of this Settlement by U.S. mail, your Class Member ID is on the envelope or postcard.

If you received a notice of this Settlement by email, your Class Member ID is in the email.

E-mail Address: _____

[optional] Daytime Phone Number: (_____) _____ - _____

[optional] Evening Phone Number: (_____) _____ - _____

You may submit a claim for one or more of these benefits:

1) CASH PAYMENT

Residual Cash Payment: Would you like to receive a cash payment under the Settlement? (circle one)

Yes **No**

** The payment under this option will originally be set at \$50; however, the value of the cash payment under this option may be decreased *pro rata* based on the balance of the Settlement Fund after the payment of other benefits and the Costs of Claims Administration, service awards awarded by the Court, and attorney's fees and expenses awarded by the Court to

2) UNREIMBURSED ORDINARY OUT-OF-POCKET LOSSES

Please check this box here if you are electing to seek reimbursement for **Unreimbursed Ordinary Out-of-Pocket Losses** and such claimed losses above will total no more than \$500. You must provide reasonable documentation of the claimed Unreimbursed Economic Losses. Self-attested documentation will not suffice.

Making a Claim for an Unreimbursed Ordinary Out-of-Pocket Loss Payment

In order to make a claim for Unreimbursed Ordinary Out-of-Pocket Losses, **you must** (i) fill out the information below to be submitted with this Claim Form; (ii) sign the Certification at the end of this Claim Form (section III); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Unreimbursed Ordinary Out-of-Pocket Losses need to be deemed fairly traceable to the Incident by the Settlement Administrator based on the documentation you provide and the facts of the Incident.

Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.

3) UNREIMBURSED EXTRAORDINARY LOSSES AND ATTESTED TIME

Please check this box here if you are electing to seek reimbursement for **Unreimbursed Extraordinary Losses and/or Attested Time** and such claimed losses above will total no more than \$6,500. You must provide reasonable documentation of the claimed Unreimbursed Extraordinary Losses and/or Attested Time. Self-attested documentation will not suffice.

Making a Claim for an Unreimbursed Extraordinary Loss

In order to make a claim for Unreimbursed Extraordinary Losses and/or Attested Time, **you must** (i) fill out the information below to be submitted with this Claim Form; (ii) sign the Certification at the end of this Claim Form (section III); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Unreimbursed Extraordinary Losses and/or Attested Time need to be deemed fairly traceable to the Incident by the Settlement Administrator based on the documentation you provide and the facts of the Incident.

Making a Claim for Attested Time

Please check off this box for this section if you are electing to seek reimbursement for Attested Time (which is only available if you are also making a claim for reimbursement of an unreimbursed extraordinary loss) you undertook remedying issues related to the Incident. Settlement Class Members who elect to submit a claim for reimbursement of Attested Time may claim up to five (5) hours of lost time at a rate of \$25 per hour, for a maximum of \$125.

Please indicate below how much time (round to the nearest hour and check only one box) that you spent remedying issues related to the Incident:

1 Hour 2 Hours 3 Hours 4 Hours 5 Hours

Examples: Select “1 Hour” if you spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Required: If time was spent on the telephone or online in an attempt to prevent fraud or identity theft, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. If the time was spent trying to get unauthorized charges reversed or reimbursed, describe what you did.

Failure to meet the requirements of this section may result in your claim being rejected by the Claims Administrator.

<i>Description of Unreimbursed Losses/Supporting Documentation</i>	<i>Amount</i>
TOTAL UNREIMBURSED LOSSES CLAIMED:	

III. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Claims Administrator may require supplementation of this claim or additional information from me. I also understand that all claims for payments under this Settlement are subject to the availability of Settlement Funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Claims Administrator.

Signature: _____

Date: _____

Print Name: _____