Your claim must be submitted online or postmarked by:
JULY 29, 2024

## CLAIM FORM FOR ALOHA NURSING REHAB CENTRE CYBERATTACK SETTLEMENT

Spencer, et al. v. Aloha Nursing Rehab Centre Case No. 1CCV-23-0000486 Aloha Nursing Rehab Centre

USE THIS FORM IF YOUR PRIVATE INFORMATION WAS MAINTAINED BY ALOHA NURSING REHAB CENTRE TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES

## SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT WWW.ALOHADATASETTLEMENT.COM

## **GENERAL INSTRUCTIONS**

If your private information was maintained on Aloha Nursing Rehab Centre's ("Aloha") computer systems and/or network that was compromised in a cyberattack against Aloha in July of 2022 (the "Cyberattack"), you are eligible to request compensation for lost time and unreimbursed, documented, out-of-pocket expenses up to \$500.00 ("Ordinary Losses"), and compensation for unreimbursed monetary losses up to \$2,000 ("Extraordinary Losses"). You are also eligible for 30 months of identity protection and credit monitoring service free of charge.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically *via* the Settlement Website at **www.AlohaDataSettlement.com** or completed and 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:

Aloha Claims Administrator C/o RG/2 Claims Administration P.O. Box 59479 Philadelphia, PA 19102-9479

| I. CLASS MEMBER NAME AND CONTACT INFORMATION   |                 |                             |  |
|--|-----------------|-----------------------------|--|
| Provide your name and contact information be information changes after you submit this for |                 | ministrator if your contact |  |
|  |                 |                             |  |
| First Name   | Last Na         | me                          |  |
|  |                 |                             |  |
| Street Address   |                 |                             |  |
|  |                 |                             |  |
| City   | State           | Zip Code                    |  |
|  |                 |                             |  |
| Email Address  | Telephone Numbe | er                          |  |

| II. PROOF OF CLASS MEMBERSI  | НІР                                     |  |  |
|--|---|--|--|
| Check this box to certify that you 2022.   | ou are or were a client of Aloha or     | an employee of Aloha on or before July 8,  |  |
| Enter the Claim ID Number provided or  | n your Notice or the last four digit    | es of your Social Security Number:   |  |
|  |   |  |  |
| Claim ID Number  | Social Security Number (                | (LAST FOUR DIGITS ONLY)  |  |
| III. IDENTITY THEFT PROTECT  | ION                                     |  |  |
| Check this box to request an emcredit monitoring services. * <b>PLEASE</b>   |   | or how to redeem your 30 months of free RESS IN SECTION I ABOVE*                                       |  |
| IV. ORDINARY LOSSES  |   |  |  |
| All members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following documented out-of-pocket expenses, not to exceed \$500 per member of the Settlement Class, that were incurred as a result of the Cyberattack. To receive compensation for Ordinary Losses, the loss must be an actual, documented, and unreimbursed monetary loss that is traceable to the Cyberattack; and have occurred between July 8, 2022 and July 29, 2024.  Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. |   |  |  |
| Cost Type<br>(Fill all that apply)   | Approximate Date of Loss                | Amount of Loss   |  |
| Out-of-pocket losses include bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.   |   | <b>\$</b>  |  |
|  | dication of why you traveled there (i.e | eceipts; detailed list of locations to which you<br>e., police report or letter from IRS re: falsified |  |
| O Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after July 8, 2022 through July 29, 2024.  | (mm/dd/yy)                              | \$   |  |
| Examples of Supporting Documentation   | : Receipts or account statements refle  | ecting purchases made for Credit Monitoring or   |  |

Identity Theft Insurance Services.

| All members of the Settlement Subclass who have spent time dealing with the Cyberattack may claim up to 3 hours for lost time at a rate of \$25.00 per hour. Any payment for lost time is included in the \$500 cap per Settlement Class member (no documentation is required).   |
|---|
| Hours claimed (up to 3) □ 1 Hour (\$25) □ 2 Hours (\$50) □ 3 Hours (\$75)   |
| I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Cyberattack between July 8, 2022 and the July 29, 2024.  |
| VI. EXTRAORDINARY LOSSES  |
| All members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following extraordinary expenses, not to exceed \$2,000 per member of the Settlement Class, that were incurred as a result of the Cyberattack: To receive compensation for Extraordinary Losses, the loss must be an actual, documented, and unreimbursed monetary loss that is more likely than not caused by the Cyberattack; and have occurred between July 8, 2022 and July 29, 2024; for which the Settlement Class member made reasonable efforts to avoid, or seek reimbursement. |
| Cost Type (Fill all that apply)  Approximate Date of Loss Amount of Loss  |
| Other monetary losses incurred as a result of the Cyberattack. (mm/dd/yy)   |
| Examples of Supporting Documentation: Invoices or statements reflecting payments made for professional fees/services.   |
|   |
| VII. PAYMENT SELECTION  |
| Please select <u>one</u> of the following payment options:  |
| PayPal - Enter your mobile number or email address associated with your PayPal account:   |
| Mobile Number: or Email Address:  |
| Venmo - Enter the mobile number or email address associated with your Venmo account:  |
| Mobile Number: or Email Address:  |
| Zelle - Enter the mobile number or email address associated with your Zelle account:  |
| Mobile Number: or Email Address:  |
| Virtual Prepaid Card - Enter your email address:  |
| Physical Check - Payment will be mailed to the address provided above.  |
| /II. ATTESTATION & SIGNATURE  |
| swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and orrect to the best of my recollection, and that this form was executed on the date set forth below.   |
| Signature Printed Name Date   |

V. COMPENSATION FOR LOST TIME