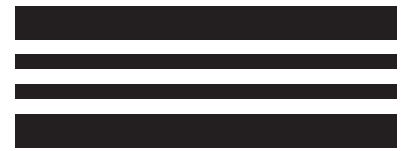


SR9 Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132



SR9

VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

Restivo-Conley v. Southern Orthopedic Associates

CIRCUIT COURT OF THE
FIRST JUDICIAL CIRCUIT
WILLIAMSON COUNTY, ILLINOIS

Case No. 2022LA77

**Must Be Postmarked No Later
Than February 28, 2024**

Must use Black or Blue Ink or your
claim may be deemed deficient.

Claim Form

CLAIMANT INFORMATION

First Name			M.I.	Last Name		
Primary Address						
Primary Address Continued						
City			State	ZIP Code		
Foreign Province		Foreign Postal Code		Foreign Country Name/Abbreviation		

This Claim Form should be filled out online or submitted by mail if you are an individual who was notified of the Data Incident by letter from Southern Orthopedic Associates, and you wish to sign up for credit monitoring and identity protection services or had out-of-pocket expenses or lost time spent dealing with the Data Incident. You may get a check if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment.

The Long-Form Notice describes your legal rights and options. Please visit the official settlement administration website, www.SOAClassActionSettlement.com, or call 1-877-729-3553 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **February 28, 2024**. Alternatively, you may submit a claim using the online form located on the settlement website listed above.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW, AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE.

1. Class Member Information.

Current Email Address (Optional)					
Current Telephone Number (Optional)			Settlement Claim ID		



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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2. Credit Monitoring and Identity Theft Protection Services.

Three years of credit monitoring and identity theft protection

Fill in the circle above if you wish to receive three years of credit monitoring and identity theft protection services (including \$1,000,000 in identity theft insurance) at no cost to you. If your claim is approved, you will receive an activation code for the service by email, along with instructions on how to activate the service. If you select this benefit, you may also claim reimbursement for Ordinary Losses, including Lost Time and/or Extraordinary Losses.

3. Payment of Ordinary Losses, including Lost Time.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Fill in the circle for each category of out-of-pocket expenses or lost time that you incurred as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation as described (if you provide account statements as part of proof for any part of your claim, you may mark out any unrelated transactions if you wish).

Ordinary Losses and Lost Time attributable to the Data Incident

Settlement Class Members may claim up to \$350 in Ordinary Losses, including Lost Time. Ordinary Losses may include (i) out-of-pocket expenses incurred as a result of the Data Incident, including bank fees, long distance phone charges, cell phone charges, data charges, miscellaneous expenses, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; (ii) fees for credit reports, credit monitoring, and/or other identity theft insurance products purchased between the date of the Data Incident and the close of the Claim Deadline; (iii) up to four (4) hours of lost time, at \$20 per hour provided that the claimant certifies that the lost time was spent remedying issues fairly traceable to the Data Incident.

I spent this many hours of time related to the Data Incident: .

(round to the nearest 0.1 (6 minutes) (no documentation is needed).

Briefly describe how you spent that time in the space below:

I suffered this much in Ordinary Losses (not including Lost Time, above): \$.

Please describe the categories of Ordinary Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:



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