

CLAIM FORM

This claim form should be filled out online or submitted by mail if you received a notification from AspenPointe, Inc. (N.K.A. Diversus Health Inc.) ("Defendant") relating to a cyberattack against Defendant's computer systems that occurred in September 2020 (the "Data Breach"), and you had expenses or lost time spent dealing with the Data Breach, or you wish to claim credit monitoring and identity protection services to be paid for by Defendant. 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 settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.aspenpointesettlement.com, or call -1- 833- 335-0777 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 **October 18,2022**.

1. CLASS MEMBER INFORMATION.

Name (REQUIRED): _____

Number and Street (REQUIRED)

City (REQUIRED)

State (REQUIRED)

Zip Code (REQUIRED)

Telephone Number (REQUIRED): () _____ Email Address (optional) _____

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and section IV of the Settlement Agreement (available at www.aspenpointesettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

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:

Check the box for each category of benefits you would like to claim. Categories include reimbursement of out-of-pocket expenses and lost time spent as a result of the Data Incident (up to a maximum of \$500.00), reimbursement of extraordinary expenses incurred as a result of the Data Incident (up to a maximum of \$4,500), and up to 24-months of credit monitoring and identity protection services to be paid for by Defendant. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions, account numbers, or personal information (other than name) if you wish).

a. Ordinary Out-of-Pocket Expenses Resulting from the Data Breach:

_____ I incurred unreimbursed charges as a result of the Data Breach.

Examples - unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after November 19, 2020 through **October 18,2022** ; and miscellaneous expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, and data charges (only if charged based on the amount of data used) that were incurred on or after September 12, 2020, through **October 18,2022**.

Total amount for this category \$ _____

Describe each ordinary expense(s) below, including the date on which an expense was incurred and its relation to the Data Incident.

Documentation of out-of-pocket expenses is required.

If you are seeking reimbursement for fees, expenses, or charges, you MUST attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between November 19, 2020, through October 18, 2022, you MUST attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product because of the Data Breach and not for any other purpose).

Supporting documentation must be provided. You may mark out any transactions, account numbers, or personal information (other than name) that are not relevant to your claim before sending in the documentation.

b. Extraordinary Expenses Resulting from the Data Breach

_____ I incurred extraordinary expenses as a result of the Data Breach.

Total amount for this category \$ _____

- Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance.

Describe each extraordinary expense(s) below, including the date on which an expense was incurred and its relation to the Data Incident.

Documentation of the extraordinary loss is REQUIRED. The loss must be an actual, documented, and unreimbursed monetary loss, fairly traceable to the Data Breach, must have occurred between September 12, 2020, and the October 18, 2022, and must not already be covered by the ordinary reimbursement category.

You may mark out any transactions, account numbers, or personal information (other than name) that are not relevant to your claim before sending in the documentation.

c. Between one and four hours of documented time spent dealing with the Data Breach

_____ I certify that I spent time dealing with the effects of the Data Breach.

Examples – You spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because of the Data Breach. You spent at least one full hour rescheduling medical appointments and/or finding alternative medical care and treatment, retaking or submitting to medical tests, locating medical records, retracing medical history as a result of the Data Incident.

I certify that I spent the following amount of time in response to the Data Breach:

_____ 1 hour _____ 2 hours _____ 3 hours _____ 4 hours

Provide a brief description of each activity completed during the above-described time:

d. Claim up to 24-months of credit monitoring and identity protection services.

_____ I would like to claim up to 24--months of credit monitoring and identity protection services.

The Settlement requires Defendant to provide up to 24-months of credit monitoring and identity protection services for Settlement Class Members that submit timely and valid claims.

e. DIGITAL PAYMENT SELECTION

Please select one of the following payment options:

- ☐ PayPal - Enter your PayPal email address: _____

☐ Venmo - Enter the mobile number associated with your Venmo account: ____-____-____

☐ Zelle - Enter the mobile number or email address associated with your Zelle account:
Mobile #: _____ or Email Address: _____

☐ ACH - Enter the routing number and the account number associated with your bank account:
Routing #: _____
Account #: _____

☐ Physical Check - Payment will be mailed to the address provided above.

3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States, the laws of Colorado, and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Print Name

____/____/____
Month/Day/Year

4. MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE.

This claim form must be:

Postmarked by **October 18, 2022**, and mailed to: AspenPointe Data Breach Claims Administrator, 1650 Arch St, suite 2210. Philadelphia, PA 19103 OR

Emailed by midnight on **October 18, 2022**, to: info@Aspenpointesettlement.com ; OR

Submitted through the Settlement Website by midnight on **October 18, 2022**, at: www.aspenpointesettlement.com.