In Re Consulting Radiologists Data Incident Litigation
Case No. 27-cv-24-9850
4th Judicial District Court of Hennepin County, Minnesota

### **Consulting Radiologists Data Incident Settlement Claim Form**

CRD CLAIM

www.CRDataSettlement.com

## **INSTRUCTIONS**

COMPLETE, SIGN, AND RETURN THIS CLAIM FORM SO THAT IT IS POSTMARKED (IF MAILED) OR RECEIVED (IF SUBMITTED ONLINE) NO LATER THAN MARCH 2, 2026.

Online Submissions: www.CRDataSettlement.com.

You must file a timely and valid Claim Form to receive compensation and/or free credit monitoring.

Questions? Call 1-844-484-4231 or visit the website, www.CRDataSettlement.com.

If your Private Information (all capitalized terms in this form are defined in the Settlement Agreement available at <a href="https://www.CRDataSettlement.com">www.CRDataSettlement.com</a>) was accessible in the Consulting Radiologists' Data Incident disclosed in April 2024, you are eligible to file a claim. This includes if you received a notification from Consulting Radiologists, Ltd. ("CR") that your personal information was or may have been accessible as a result of the Data Incident.

This Claim Form is to be completed if any of the following apply: (i) you have Documented Monetary Losses that are fairly traceable to the Data Incident, (ii) you wish to claim credit monitoring and identity defense services, and/or (iii) you wish to receive a cash payment.

The Settlement provides for relief subject to an aggregate cap of \$2,200,000. For complete details about the Settlement, including the benefits offered and your legal rights and options, review the Settlement Agreement and the Long Form Notice on the Settlement Website <a href="https://www.CRDataSettlement.com">www.CRDataSettlement.com</a>. You may also call 1-844-4831 for more information.

If you are the parent or guardian of a minor who received a notification, please submit the form using the minor's personal information.

Si necesita ayuda en español, comuniquese con el administrador al 1-844-484-4231.

#### PART 1: SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED)

First Name:	Last Name:		
Street Address:			
City:	State:	Zip Code:	
Phone Number:	Email Address:		
Claim ID* (found on postcard notice):			
*If you are unable to locate your Claim ID, pleas	se contact the Settlement Administrator.		
I am the parent or guardian of a minor comp	leting this form on the minor's behalf:	Yes [ ]	No[ ]

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#### PART 2: PAYMENT ELIGIBILITY INFORMATION

Please review the notice and Section IV of the Settlement Agreement (available at <a href="www.CRDataSettlement.com">www.CRDataSettlement.com</a>) for more information on who is eligible for a benefit 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. Each Settlement Class Member can make a claim for all three of the following settlement benefits.

)	REIMBURSEMENT OF DOCUMENTED MONETARY LOSSES CHECK HERE IF YOU WOULD LIKE TO CLAIM REIMBURSEMENT OF DOCUMENTED MONETAR LOSSES.			
	<u>Documented Monetary Losses Resulting from the Data Incident:</u> Settlement Class Members may submit a claim for Documented Monetary Losses incurred on or after February 1, 2024 through March 2, 2026 that are fairly traceable to the Data Incident, up to \$5,000 total per individual.			
	Total amount of out-of-pocket expenses you incurred as a result of the Data Incident: \$ (maximum \$5,000)			
	Supporting documentation and descriptions of the losses incurred <u>must</u> be provided. Supporting documentation must demonstrate that reasonable costs were incurred that are fairly traceable to the Data Incident. You may mark out any transactions that are not relevant to your claim before sending in the documentation. Supporting documentation must include more than documents that are "self-prepared," such as handwritten receipts, though that type of documentation will be considered for clarity or support of your claim.			
	<b>Description of Documented Monetary Losses:</b> Documented Monetary Losses, which are out-of-pocket losses, incurred on or after February 1, 2024, to the date of submission of this claim, include, but are not limited to: unreimbursed bank or credit card fees, credit monitoring costs, losses or charges as a result of identity theft, identity fraud, or falsified tax returns, long-distance phone charges, postage, or gasoline for local travel incurred as a result of identity theft or fraud. These out-of-pocket costs must be reasonably related and fairly traceable to the Data Incident or to mitigating the effects of the Data Incident. Provide a description below of the losses incurred, along with the date(s) and amount(s) of each. Please also provide a brief description of the reason why the costs were incurred and the type of supporting documentation you are providing in support of your claim.			

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(2)	CREDIT MONITORING AND IDENTITY PROTECTION SERVICES			
	CHECK HERE IF YOU WOULD LIKE TO CLAIM CREDIT MONITORING AND IDENTITY PROTECTION SERVICES.			
	Two-Years of CyEx Identity Defense Complete – a Single-Bureau Credit Monitoring and Identity Protection Service In addition to Options 1 and 3, all Settlement Class Members may make a claim for two years of one-bureau credit monitoring, including \$1 million of identity theft insurance.			
(3)	<u>CASH PAYMENT</u>			
CHECK HERE IF YOU WOULD LIKE TO CLAIM A CASH PAYMENT.				
	Cash Payment In addition to claiming relief under Option 1 and Option 2, Settlement Class Members may make a claim for a cash payment, the amount of which will be determined based on whether the claimant is a Group 1 or Group 2 Settlement Class Member (see definitions of Group 1 and Group 2 in the Settlement Agreement available at <a href="https://www.CRDataSettlement.com">www.CRDataSettlement.com</a> ). Group 1 Cash Payments shall be up to \$125, and Group 2 Cash Payments shall be up to \$50. Cash Payments are subject to <i>pro rata</i> reduction should the amount of approved claims for cash payments, documented losses, and credit monitoring services, combined with Settlement Administration Fees, Attorneys' Fees, Costs and Expenses, and Service Awards exceed \$2,200,000.			
PA	RT 3: PAYMENT SELECTION			
Please	select <u>one</u> of the following payment options if you are seeking payment under Part 2.			
_ P	ayPal - Enter your PayPal email address:			
	enmo - Enter the mobile number associated with your Venmo account:			
	elle - Enter the mobile number or email address associated with your Zelle account:			
N	Iobile Number: or Email Address:			
	irtual Prepaid Card - Enter your email address:			
P	hysical Check - Payment will be mailed to the address provided in Part 1 above.			

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#### PART 4: CERTIFICATION & SIGNATURE

By submitting this Claim Form, I certify that I am a Settlement Class Member and am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby attest under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and that any Documented Monetary Loss reimbursement I am claiming is based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of the Incident.

I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced, depending on the type of claim and the determinations of the Settlement Administrator.

Name:	
Relationship to Settlement Class Member (if applicable):	
Signature:	
Date:	

Mail your completed Claim Form, along with any supporting documentation (if requesting reimbursement for Documented Monetary Losses) to:

CR Data Incident Settlement Administrator 1650 Arch Street, Suite 2210 Philadelphia, PA 19103