Your claim must be submitted online or postmarked by: February 22, 2027

Skillings et al. v. Access Sports Medicine and Orthopaedics, PLLC
Case No. 218-2024-CV-01086
Rockingham County Superior Court, State of New Hampshire
CLAIM FORM
www.DataSettlementAccessSports.com

ASD-CLAIM

GENERAL INSTRUCTIONS

This is the Court-approved Claim Form for Settlement Class Members in the ***Skillings v. Access Sports Medicine and Orthopaedics, PLLC*** class action Settlement. You are eligible to submit a Clam Form for Settlement Benefits you a member of the Settlement Class and you do not exclude yourself ("opt-out") from the Settlement. This Claim Form may be completed and mailed to the Settlement Administrator or submitted online at www.DataSettlementAccessSports.com.

The Settlement Class includes: All individuals within the U.S. whose Private Information was allegedly exposed to unauthorized third parties as a result of the Data Incident discovered by Defendant on or before May 10, 2024.

The following individuals are excluded from the Settlement Class and are not eligible to submit a Claim Form: (i) Defendant; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) any judges assigned to this case and their staff and family; and (iv) any other person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Data Incident or who pleads nolo contendere to any such charge.

SETTLEMENT BENEFITS

All Participating Settlement Class Members are eligible to receive Credit Monitoring Services **and** one of the following Cash Benefit options: Documented Losses of up to $2,500.00 **or** the $50.00 Alternative Cash Payment.

Credit Monitoring Services - Includes one (1) year of three-bureau credit monitoring and $1 million in identity theft protection insurance, among other features.

Claims for Documented Losses – Up to $2,500.00

- Losses claimed must be fairly traceable to the Data Incident;
  - Examples of Documented Losses include, but are not limited to: Losses associated with 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 mailing of the notice of data security incident, through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.
- Losses claimed must be supported by third-party documentation;
  - Examples of acceptable documentation include receipts, credit card statements, bank statements, invoices, and telephone records, or other documentation showing the costs incurred.
  - "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.

Alternative Cash Payment - $50.00

- Available to Participating Settlement Class Members who are not claiming Documented Losses.
- There is no documentation requirement for this Cash Benefit.

  Participating Settlement Class Members can claim both the Alternative Cash Payment and Credit Monitoring Services.

Aggregate Cap - The total amount payable by Defendant under the Settlement is subject to an Aggregate Cap of $900,000.00. Included in the Aggregate Cap are; (a) all payments to Participating Settlement Class Members who submit timely and approved claims; (b) Attorneys' Fee Award & Costs; (c) Service Awards for the Class Representatives; (d) Notice and Administration Expenses; (e) Credit Monitoring Services; and (f) any other payments required under this Settlement. If the above-described costs exceed the Aggregate Cap, each Participating Settlement Class Member's individual award shall be reduced *pro rata* so that the total payments do not exceed $900,000.00.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if you contact information changes after you submit your Claim Form.

A legal guardian for a Participating Settlement Class Member under the age of eighteen (18) at the time the Claim Form is submitted may claim reimbursement of Documented Losses on the minor's behalf.

First Name	**Last Name**

Street Address

City	**State**	**Zip**

Email Address	**Phone Number**	**Notice ID**

Legal Guardian First Name	**Legal Guardian Last Name**

II. CREDIT MONITORING SERVICES

☐ Check this box if you want to receive Credit Monitoring Services.

Note: Enrollment instructions will be sent to the email address provided in Section I of this Claim Form after the Settlement is approved and becomes final.

III. DOCUMENTED LOSSES – UP TO $2,500.00

☐ Check this box if you want to receive reimbursement for Documented Losses.

Supporting Documentation: Fill in the chart below to describe the supporting documentation you are providing with this Claim Form and the loss amount(s) that you are seeking reimbursement for (up to $2,500.00) that are supported by that documentation.

Description of Documented Loss	Amount
Total Documented Losses Claimed:	

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Remember: The Documented Losses claimed must be actual, documented, not previously reimbursed, and fairly traceable to the Data Incident.

IV. ALTERNATIVE CASH PAYMENT

☐ Check this box if you want to receive the $50.00 Alternative Cash Payment.

Remember: If you are claiming Documented Losses, you are not eligible to claim this payment.

V. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ PayPal ☐ Venmo ☐ Zelle ☐ Virtual Prepaid Card ☐ Check (mailed to the address in Section I)

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid card: _____

It is your responsibility to notify the Settlement Administrator of any changes to your payment information after the submission of your Claim Form.

VI. CERTIFICATION

I swear and affirm under the laws of the United States and under penalty of perjury that: (a) the information supplied in the claim form and any documents submitted with the claim form are true and correct to the best of my knowledge or recollection; (b) I am a Settlement Class Member; (c) I have not requested exclusion ("opted-out") from this Settlement; (d) I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid; and (e) failure to provide information requested by the Settlement Administrator may result the denial of my claim.

_____	_____	_____
Signature	Printed Name	Date

SUBMITTING YOUR CLAIM FORM

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

Mail your completed Claim Form, including any supporting documentation, to the Settlement Administrator, so it is postmarked no later than February 22, 2027.

Access Sports Data Incident Settlement
Attn: Claim Forms
PO Box 429
East Brunswick, NJ 08816-9998