

Your claim must
be submitted
online or
postmarked by:
SEPTEMBER 29,
2025

PIXEL USAGE SETTLEMENT
Doe v. Children's Hospital Medical Center of Akron
Case No. CV-2024-01-0093
Ohio Court of Common Pleas, Summit County

AKR

CLAIM FORM

GENERAL INSTRUCTIONS

If you received a postcard or email Notice, the Settlement Administrator identified you as a Class Member whose Private Information may have been disclosed by Defendant to third parties through the Meta Pixel and similar technology without authorization. You may submit a claim for settlement compensation, outlined below. Please refer to the Detailed Notice and the Agreement, both posted on the Settlement Website www.PixelUsageSettlement.com, for more information on submitting a Claim Form and for definitions of certain capitalized terms, respectively.

If you wish to receive Identity Theft Protection and Credit Monitoring Services and/or a Cash Payment from this settlement, you must submit the Claim Form below postmarked by September 29, 2025.

This Claim Form may be submitted electronically *via* the Settlement Website at www.PixelUsageSettlement.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 **postmarked by September 29, 2025** to:

Pixel Usage Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

You may submit a claim for the following benefits:

Class Members who submit a valid claim are eligible to receive under the Agreement:

a) ***Cash Payment:*** Any Class Member may submit a claim for a one-time Cash Payment of \$19.00.

and/or

b) ***Identity Theft Protection and Credit Monitoring Services:*** In addition to the benefits above, Class Members can receive 2 years of credit monitoring and identity theft protection services (including one-bureau credit monitoring and alerts, CyberScan Dark Web monitoring, \$1,000,000 identity theft insurance, lost wallet assistance, and fully managed identity restoration and member advisory services.) at no cost.

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CLAIM FORM

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address: _____@_____

Telephone Number: (_____) _____ - _____

II. PROOF OF SETTLEMENT CLASS MEMBERSHIP

- ☐ Check this box to certify that you are or were an Ohio citizen who has been notified that Defendant may have disclosed your Private Information to third parties through the Meta Pixel and similar technology without authorization and that you are not one of Defendant's officers, directors, or legal representatives or one of the judges or court personnel in this case or a member of their immediate families.

Provide the Notice ID Number provided on your Email or Postcard Notice:

Notice ID : _____

OPTION 1: CASH PAYMENT

- ☐ **Cash Payment.** Check the box if you wish to receive a one-time Cash Payment of \$19.00. If you submit a valid claim for a different benefit, you will also automatically receive a one-time Cash Payment.

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III. IDENTITY THEFT PROTECTION SERVICES

☐ **2 years of Identity Theft Protection and Credit Monitoring Services**

Check the box above if you wish to receive 2 years of credit monitoring and identity theft protection services including credit monitoring and other services and other services (CyberScan Dark Web monitoring, \$1,000,000 identity theft insurance, lost wallet assistance, and fully managed identity restoration and member advisory services) at no cost to you. If your claim is approved you will receive an activation for the service by mail or email, along with instructions on how to activate the service. If you select this benefit, you may also claim a Cash Payment by completing the appropriate information above and checking the box for that benefit.

Enrollment instructions will be emailed to the email address provided in Section I above.

IV. PAYMENT SELECTION

Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment:

☐ **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 Number: ____ - ____ - ____ or Email Address: _____

☐ **Virtual Prepaid Card** - Enter your email address: _____

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

If you would like to elect to receive the cash component of your settlement benefits through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

V. ATTESTATION & SIGNATURE

I affirm under the laws the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

____ / ____ / ____
Date

Print Name

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REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this Claim Form, you may notify the Settlement Administrator in charge of administering the settlement of your new mailing address by writing to: *Pixel Usage Settlement, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103*. Please make sure to include your Notice ID and your phone number in case we need to contact you in order to complete your request.
3. Please do not provide any sensitive documents that may contain personal information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, please provide these documents by mail to: *Pixel Usage Settlement, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103*.
4. For more information, please visit the Settlement Website at www.PixelUsageSettlement.com, or call the Settlement Administrator at **1-844-991-4199**. Please do not call the Court or the Clerk of the Court for additional information.

Please mail your completed and signed Claim Form to:

**Pixel Usage Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103**

All claim forms must be submitted online or postmarked by September 29, 2025.