

**Your claim must
be submitted
online or
postmarked by:
September 15,
2026**

**Murphy v. Western Montana Clinic
No. DV-32-2026-000056-OC
Fourth Judicial District of Montana, Missoula County
CLAIM FORM**

**WMC-
CLAIM**

INSTRUCTIONS: You are eligible to submit a claim if you are a Settlement Class Member. You are a Settlement Class Member if your Personal Health Information was potentially impacted in the Data Incident experienced by Western Montana Clinic, including if you were sent notice of the Data Incident. You can submit a Claim Form online at www.WMCSettlement.com or complete this Claim Form and mail it to the Settlement Administrator, so it is postmarked no later than September 15, 2026.

THE SETTLEMENT BENEFITS

Settlement Class Members may submit a Claim to receive (1) Medical Data Monitoring; (2) reimbursement for Lost Time; and/or (3) reimbursement for Documented Out-of-Pocket Losses.

Medical Data Monitoring. Settlement Class Members may submit a claim for one (1) year of Medical Data Monitoring, to be administered through CyEx.

Reimbursement for Lost Time. Settlement Class Members who spent time responding to the Data Incident may claim up to three (3) hours of time spent at \$20 per hour (up to \$60 total per Settlement Class Member).

Reimbursement for Documented Out-of-Pocket Losses. Settlement Class Members who incurred actual, documented expenses related to the Data Incident may claim up to \$5,000 reimbursement for documented out-of-pocket losses that were reasonably related to the Data Incident. The losses must have occurred between March 11, 2025 and **September 15, 2026**.

- Settlement Class Members must submit reasonable documentation supporting the out-of-pocket losses, which means documentation contemporaneously generated or prepared by a third party or the Settlement Class Member supporting a claim for expenses paid. Non-exhaustive examples of reasonable documentation include, receipts, data charges (if charged based on the amount of data used), fax, postage, copying, mileage, or cell phone charges (only if charged by the minute).
- Self-prepared documents or receipts, personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included in order to provide clarification, context, or support for other submitted reasonable documentation.
- Settlement Class Members will not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by Defendant or otherwise. Any out-of-pocket losses claimed that are not accompanied by reasonable documentation will be rejected.

If you have questions about these Settlement Benefits, you can ask for help at any time by contacting the Settlement Administrator toll-free at 1-866-531-4264, by email at info@wmcsettlement.com, or by mail at: WMC Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

**THE EASIEST WAY TO SUBMIT A CLAIM IS ONLINE AT:
www.WMCSettlement.com**

You must submit online, mail, or email your Claim Form by **September 15, 2026**.

QUESTIONS? VISIT WWW.WMCSETTLEMENT.COM OR CALL TOLL-FREE 1-866-531-4264

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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.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID

II. MEDICAL DATA MONITORING

Check this box if you want to receive one (1) year of Medical Data Monitoring, administered through CyEx. Enrollment instructions will be sent to the email address you provided in Section I after the Settlement is approved and becomes final.

III. ATTESTED LOST TIME

Check this box if you want to receive reimbursement for Lost Time.

Indicate the amount of Lost Time you are seeking reimbursement for: 1 Hour 2 Hours 3 Hours

Describe the actions you took in response to the Data Incident and time associated with those actions:

I declare under penalty of perjury that the actions taken and time spent above were in response to the Data Incident.

IV. REIMBURSEMENT FOR DOCUMENTED OUT-OF-POCKET LOSSES

Check this box if you are seeking reimbursement for Documented Out-of-Pocket Losses. By checking this box, you are attesting under penalty of perjury that you incurred losses that were reasonably related to the Data Incident.

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You **must** submit reasonable documentation supporting the out-of-pocket losses, which means documentation contemporaneously generated or prepared by a third party or the Settlement Class Member supporting a claim for expenses paid. Complete the chart below by entering a description for each supporting documentation you are submitting in support of your claim, and the corresponding amount you are seeking reimbursement for.

<i>Description of Documentation Provided</i>	<i>Amount</i>
Total Documented Losses:	

V. 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 Number: ____ - ____ - ____ or Email Address: _____

Virtual Prepaid Card - Enter your Email Address: _____

Physical Check - Payment will be mailed to the address provided in Section I above.

VI. CERTIFICATION

I swear and affirm under penalty of perjury that I am a Settlement Class Member, and the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. 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.

Signature

Printed Name

Date

Your completed Claim Form and supporting documentation must be mailed to the Settlement Administrator postmarked with a date on or before **September 15, 2026**. Supporting documentation submitted with your Claim Form will not be returned to you. You can submit copies of supporting documents if you need to keep the original versions. Mail your completed Claim Form to: WMC Settlement, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

QUESTIONS? VISIT WWW.WMCSETTLEMENT.COM OR CALL TOLL-FREE 1-866-531-4264