

MUST BE  
SUBMITTED  
NO LATER THAN  
**JANUARY 29, 2018**

## STANDARD CLAIM FORM

*Sarah Hapka, individually and on behalf of all others  
similarly situated v. CareCentrix, Inc.,  
No. 2:16-cv-02372 (D. Kan.).*

For Office Use Only

## GENERAL INSTRUCTIONS

Settlement Class Members are entitled to free three-bureau credit monitoring services and to request reimbursement of Out-of-Pocket Losses that they believe are fairly traceable to the CareCentrix, Inc. (CareCentrix) E-mail Security Incident, and that have not already been reimbursed by any other source. If you received a notice from CareCentrix that your information was disclosed in or about March 2016, or if you received a settlement notice by mail or e-mail stating that you are a class member, then you are a Settlement Class Member and entitled to benefits under this settlement. To learn more about the settlement go to **[www.CareCentrixDataSettlement.com](http://www.CareCentrixDataSettlement.com)**. The Settlement Agreement available there defines the terms used in this claim form. If you have questions about this Claim Form, or if you did not receive a settlement notice and you believe that you are or may be a member of the Class, you should contact the Settlement Administrator at **Hapka v. CareCentrix, Inc., c/o Heffler Claims Group, P.O. Box 59419, Philadelphia, PA 19102-9419**.

## SETTLEMENT OVERVIEW

### DOCUMENTED LOSSES

CareCentrix will reimburse Settlement Class Members for documented, unreimbursed Out-Of-Pocket Losses that are fairly traceable to the E-mail Security Incident and were incurred between the date of the E-mail Security Incident (February 24, 2016) and the date of timely claim submission, up to \$5,000 per individual. Class members with documented tax fraud between the date of the E-mail Security Incident (February 24, 2016) and the date of timely claim submission can elect to receive a single payment of \$200 in lieu of making a claim for Out-Of-Pocket Losses.

### MONITORING SERVICES

All Settlement Class Members are eligible to enroll in Experian Identity Works credit monitoring services for twenty-four (24) months of coverage from the settlement's effective date, regardless of whether you submit a claim for documented Out-Of-Pocket Losses. The features included with Experian Identity Works credit monitoring services include:

- a. Daily credit monitoring of your credit file at all three (3) major credit reporting agencies (Experian, Equifax & TransUnion);
- b. An Experian Credit Report upon enrollment;
- c. A subsequent, updated Experian credit report available at your election as often as daily (online);
- d. Identity theft insurance, which covers certain identity theft related expenses incurred by you up to a limit of \$1 million;
- e. Internet surveillance, which includes monitoring of the "dark web" for your personal information;
- f. Identity validation monitoring and alerts to notify you in the event your identity has been verified across the Experian identity network; and
- g. Identity restoration services that provide professional fraud resolution assistance to you if you experience identity theft or fraud, helping you with identity recovery and restoration.

**If you have questions about whether you are eligible to submit a claim, please contact the Settlement Administrator at 1-844-528-0183 or visit [www.CareCentrixDataSettlement.com](http://www.CareCentrixDataSettlement.com)**



Class Member ID: 3097100000000

### IDENTITY RESTORATION SERVICES

Even if you do not enroll in Experian Identity Works credit monitoring services or make a claim for Out-Of-Pocket Losses, all settlement class members will receive access to Identity Resolution Services through Experian after the settlement becomes final during the twenty-four (24) month coverage period. Fraud Resolution Specialists will be available by telephone, e-mail, and mail to help you with typical tasks including placing fraud alerts with the credit bureaus, disputing inaccurate information on your credit reports, scheduling calls with creditors and other service providers, and working with law enforcement and government agencies to dispute fraudulent information. More details about Experian's Identity Restoration Services for Settlement Class Members will be provided to you by mail and email after the settlement becomes final.

### CLAIM FORM

#### CLASS MEMBER INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Name

MI

Last Name

\_\_\_\_\_

Street Address 1

\_\_\_\_\_

Street Address 2

\_\_\_\_\_

City

\_\_\_\_

State

\_\_\_\_-\_\_\_\_-\_\_\_\_

Zip Code

\_\_\_\_-\_\_\_\_-\_\_\_\_

Telephone Number

\_\_\_\_@\_\_\_\_.\_\_\_\_

E-Mail Address (If provided we will communicate primarily by e-mail about your claim. We will not use your e-mail address for any other purpose)

1. Did you receive notice from the settlement administrator that you are a Settlement Class Member?

Yes  (Provide Class Member ID number below and go to Question No. 3)

Class Member ID:

\_\_\_\_-\_\_\_\_-\_\_\_\_

No  (Go to Question No. 2)

2. Did you receive notice from CareCentrix, on or about March 2016, that your personal information was compromised?

Yes  (Your eligibility will be determined based on your name and address provided above; go to Question No. 3)

No  (If you are or were employed by CareCentrix and believe that you are or may be a member of the Class, you should contact the Settlement Administrator)





Class Member ID: 3097100000000

### DOCUMENTED CLAIMS FOR TAX FRAUD

3. Do you have documents supporting that you experienced tax fraud or the filing of a fraudulent federal or state tax return under your name fairly traceable to the CareCentrix E-mail Security Incident?

**Yes**  (You are entitled to a payment of \$200 with submission of documentation, such as a tax transcript or letter from the IRS or state taxing authority evidencing the tax fraud that occurred between the date of the E-mail Security Incident and the date of timely claim submission. Attach a copy of the supporting documentation to make this claim for \$200.)

**No**  (You are not eligible to submit a claim for documented tax fraud; skip to Question 4).

**NOTE:** If you experienced both documented tax fraud and out-of-pocket losses fairly attributable to the CareCentrix E-Mail Security Incident, you may submit both documentation of tax fraud and documentation of a claim for out-of-pocket losses. However, the amount of your payment under the settlement will be the greater of \$200, or the amount of approved documented out-of-pocket losses under Question 4 below.

### DOCUMENTED CLAIMS FOR OUT-OF-POCKET LOSSES

4. Do you have documents supporting that you experienced out-of-pocket losses or unreimbursed charges fairly traceable to the CareCentrix E-mail Security Incident that have not already been reimbursed by any other source?

**Yes**  (Fill out information below)

**No**  (You are not eligible to submit a documented claim; skip to Question No. 5)

Loss Type (Check all that apply)	Date of Loss  mm / dd / yyyy	Amount of Loss  \$ _____.	Examples of Supporting Documentation  (Please detail below what you are attaching and why)
<input type="checkbox"/> Unreimbursed fraud losses or charges	___ / ___ / _____	\$ _____.	<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns	___ / ___ / _____	\$ _____.	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i>
<input type="checkbox"/> Credit monitoring that was ordered after February 24, 2016, through the date on which the Credit Monitoring Services become available through this settlement	___ / ___ / _____	\$ _____.	<i>Examples: Receipts or account statements reflecting purchases made for credit monitoring services</i>



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<input type="checkbox"/> Payments made to place credit freezes with the credit reporting agencies	____ / ____ / ____ - ____	\$ _____. ____	<i>Examples: Receipts or notices or account statements reflecting payment for a credit freeze</i>
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges	____ / ____ / ____ - ____	\$ _____. ____	<i>Examples: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i>
<input type="checkbox"/> Other documented losses (provide detailed description)	____ / ____ / ____ - ____	\$ _____. ____	<i>Please provide detailed description</i>

**DESCRIPTION OF DOCUMENTATION:**

Please provide a description of any documentation of tax fraud or out-of-pocket losses that you submit in support of your claim. You may Upload this documentation for your online claim or mail the documentation to the Settlement Administrator.

Document #	Description (explain here how document shows tax fraud or out-of-pocket losses)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**If you claim documented tax fraud or documented out-of-pocket losses you must sign the verification at the end of this claim form.**



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**EXPERIAN IDENTITY WORKS CREDIT MONITORING SERVICES**

5. You are eligible to enroll in twenty-four (24) months of Experian Identity Works credit monitoring services. Do you wish to enroll?

Yes  By checking here, you will receive enrollment instructions shortly after final approval of the settlement. Please provide the e-mail address where you would like to receive enrollment instructions:

\_\_\_\_\_@\_\_\_\_\_.

If you check yes and leave this field blank, we will mail enrollment instructions to the address provided above.

No  (Go to Question No. 5)

6. Even if you do not enroll in Experian Identity Works credit monitoring services, you are still eligible to take advantage of identity restoration services offered through Experian in case you suffer identity theft or fraud for a period of twenty-four (24) months after the court has granted final approval of the settlement (and the exhaustion of any appeals). More details about Experian’s Identity Restoration Services for Settlement Class Members will be provided to you by mail and email after the settlement becomes final.

**VERIFICATION FOR DOCUMENTED CLAIMS (Not Required for Credit Monitoring Services)**

I believe the tax fraud and/or out-of-pocket losses I claim herein are fairly traceable to the CareCentrix E-Mail Security Incident and that such expenses have not been reimbursed from any other source.

**SIGNATURE:** \_\_\_\_\_  
**PRINTED NAME:** \_\_\_\_\_  
**DATED:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**If you have questions about whether you are eligible to submit a claim, please contact the Settlement Administrator at 1-844-528-0183 or visit [www.CareCentrixDataSettlement.com](http://www.CareCentrixDataSettlement.com).**