

YOUR CLAIM FORM MUST BE SUBMITTED ON OR BEFORE JUNE 27, 2022

CaptureRx Data Breach c/o Kroll Settlement Administration P.O. Box 225391 New York, NY 10150-5391

FOR OFFICE USE ONLY

In re: CaptureRx Data Breach Litigation

United States District Court for the Western District of Texas (Case No. 5:21-cv-00523-OLG)

Claim Form

SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT www.RxDataIncident.com

GENERAL CLAIM FORM INFORMATION

You should complete and submit a claim online or this form by mail if you received a notice from NEC Networks, LLC d/b/a CaptureRx ("CaptureRx") that your first name, last name, date of birth and prescription information was compromised in a data incident on February 6, 2021.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.RxDataIncident.com, or call 1-833-620-3609 for more information.

If you wish to submit a claim for a settlement payment, please provide the information requested below. You must submit your claim online by **June 27, 2022**, or complete and mail this Claim Form to the Claims Administrator, postmarked by **June 27, 2022**.

TO SUBMIT A CLAIM FOR PAYMENT:

- 1. Complete all sections of this Claim Form.
- 2. Sign the Claim Form.

1. CLASS MEMBER INFORMATION

3. Submit the completed Claim Form to the Claims Administrator by June 27, 2022.

This Claim Form should only be used if a claim is being mailed and is not being filed online. You may go to www.RxDataIncident.com to submit your claim online, or you may submit this Claim Form by mail to the address at the top of this form. Note that postage to send the Claim Form by mail is not pre-paid.

*First Name *Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number) *City *State *Zip Code Zip4 (Optional) *Current Email Address (_____) ___ Current Phone Number (Optional) *Settlement Claim ID: 5 2 1 3 4 ______

*Settlement Claim ID: Your Settlement Claim ID can be found on the postcard you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator at 1(833) 620-3609







2. PAYMENT ELIGIBILITY INFORMATION

Please review the notice and sections 2.3 through 2.8 of the Settlement Agreement (available at www.RxDataIncident.com) for more information on who is eligible for a payment.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Settlement Class Members who file a valid claim will be eligible for \$25, plus an additional \$75 if the Settlement Class Member resided in California at the time of receiving notice from CaptureRx regarding the Data Incident. Settlement Class Members will receive only one payment.
I attest that CaptureRx notified me that my first name, last name, date of birth and prescription Information was compromised during the Data Incident that took place on February 6, 2021.
Note: Every Settlement Class Member who attests that that they received a notice from CaptureRx that the information was involved in the Data Incident is eligible to receive \$25.00, regardless of whether the experienced any fraud or any identity theft as a result of the Data Incident. The \$25.00 award is subject to pro rata reduction or a pro rata increase, depending upon how many claims are filed.
California Subclass Payment
In addition to the above benefits, California Settlement Subclass Members will also be eligible for a additional benefit of \$75 per California Settlement Subclass Members, subject to a potential pro rat reduction or pro rata increase, depending upon how many claims are filed.
To redeem this \$75 benefit, California Settlement Subclass Members must submit a Settlement Clair and attest by checking the box below that they were a California resident at the time they receive notice from CaptureRx of the Data Incident.
I attest that I was a California resident at the time CaptureRx notified me of the Data Incident (between May and July 2021).
3. SIGN AND DATE YOUR CLAIM FORM.
Signature Date (mm/dd/yyyy)
Print Name
Please keep a copy of your completed Claim Form for your records.
Mail your completed Claim Form to the Settlement Administrator:
c/o Kroll Settlement Administration P.O. Box 225391 New York, NY 10150-5391
or submit your claim online at

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your claim. You can update your contact information on the Contact page at www.RxDataIncident.com.

www.RxDataIncident.com







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