# CLAIM FORM

This claim form should be filled out online or submitted by mail if you received a notification from Wolfe Clinic, P.C., doing business as Wolfe Eye Clinic ("Wolfe") relating to a targeted ransomware cyberattack and data incident that was disclosed on or about June 29, 2021, by Wolfe, a specialty medical eye care and surgical treatment center with locations across the State of Iowa (the "Data Incident"). The computer systems possibly affected by the Data Incident potentially contained certain personal and protected health information relating to current and former Wolfe patients. If you wish to make a claim for out-of-pocket expenses, fraudulent charges, lost time spent dealing with the Data Incident, or unreimbursed extraordinary monetary losses as a result of the Data Incident, you should complete this form. You may get a check if you fill out this claim form, if the settlement is approved, and if you are found to be eligible.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.WECSettlement.com or call 1-833-910-4491for more information.

If you wish to submit a claim for a settlement payment you need to provide the information requested below. Please type or print clearly in blue or black ink. This claim form must be submitted online OR mailed and postmarked by **June 14, 2022**.

**1.** CLASS MEMBER INFORMATION

**Required: Your Class Member ID that was provided on the Notice you received by Mail:**

**4 8 2 4 6 ____ ____ ____ ____ ____ ____ ____ ____**

_____ _____ _____
First Name MI Last Name

_____
Number and Street *(REQUIRED)*

_____ ___ ___ ___ ___ ___ ___ ___ ___
City *(REQUIRED)* State *(REQUIRED)* Zip Code *(REQUIRED)*

Telephone Number *(REQUIRED)*: (___ ___ ___)___ ___ ___-___ ___ ___ ___

Email Address (*REQUIRED*)_____@_____._____

**2.** PAYMENT ELIGIBILITY INFORMATION

Please review the notice and Paragraphs 50 through 53 of the Settlement Agreement (available at www.WECSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

*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:

Check the box for each category of out-of-pocket expenses, fraudulent charges, or lost time that you incurred/experienced as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in **bold type** (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

**a. Ordinary Expenses Resulting from the Data Incident (up to $500):**

**Ordinary Unreimbursed charges incurred as a result of the Data Incident.**

Examples - Bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel incurred between February 8, 2021 and the date of the Preliminary Approval Order which is February 14, 2022. Other examples include: fees for credit reports, credit monitoring, or other identity theft insurance product purchased between June 29, 2021 and the date of the Preliminary Approval Order.

Total amount for this category $_____

***If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.***

***If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between June 29, 2021 and the date of the Preliminary Approval Order, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased.*** *(Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Wolfe Data Incident and not for any other purpose).*

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

**Between 1 to 25 hours of time spent dealing with the Data Incident (compensable at $20 per hour)**

Examples – You spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. You spent at least one full hour rescheduling medical appointments and/or finding alternative medical care and treatment, retaking or submitting to medical tests, locating medical records, retracing medical history as a result of the Data Incident.

Total number of hours claimed (1-25 hours)_____

***If the time was spent online or on the telephone, briefly describe what you did, or attach a copy of any letters or emails you wrote. If the time was spent trying to reverse fraudulent charges, briefly describe what you did. If the time was spent updating accounts due to your card being reissued, identify the other accounts that had to be updated. If the time spent related to your medical records or treatment, briefly describe what you did.***

_____

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**b. Extraordinary Expenses (up to $5,000)**

**Extraordinary Unreimbursed expenses resulting from identity theft or fraud.**

Total amount for this category $_____

***Attach a copy of statements that demonstrate that identity theft or fraud occurred and any correspondence showing that you reported the fraud. If you do not have anything in writing, tell us the approximate date that you reported and to whom you reported the fraud.***

You may mark out any information that is not relevant to your claim before sending in the documentation.

**Date reported:**_____

**Description of the person(s) to whom you reported the fraud**

_____

_____

_____

**Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.**

3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

_____ ___ ___/___ ___/___ ___ ___ ___

*Signature* *Date (mm/dd/yyyy)*

_____

*Print Name*

4. MAIL YOUR CLAIM FORM.

This claim form must be submitted online through the settlement website (email's will not be accepted) or postmarked by **June 14, 2022** and mailed to: Wolfe Eye Clinic Settlement Claims, c/o Kroll Settlement Administration, LLCP.O. Box 5324, New York, NY 10150-5324