

**CLAIM FORM FOR AZURA VASCULAR CARE DATA BREACH BENEFITS**  
**Azura Vascular Care Data Breach Litigation**  
*Steven Gravley, Sr., et al. v. Fresenius Vascular Care, Inc. d/b/a Azura Vascular Care,*  
**No. 2:24-cv-01148-MMB (E.D. Pa.)**

**USE THIS FORM TO MAKE A CLAIM FOR A DOCUMENTED LOSS PAYMENT OR FOR AN  
ALTERNATIVE FLAT CASH (PRO RATA) PAYMENT**

**The DEADLINE to submit this Claim Form is postmarked: June 30, 2025**

**I. GENERAL INSTRUCTIONS**

If you are a natural person whose Personal Information may have been disclosed as a result of the Azura Vascular Care Data Breach, including those who were sent a notice by Fresenius Vascular Care, Inc. d/b/a Azura Vascular Care of the Data Breach, you are a Class Member.

As a Class Member, you are eligible to make a claim for **one of the following options:**

(1) up to a \$10,000 cash payment for reimbursement of Documented Losses supported by Reasonable Documentation that are more likely than not a result of the Data Breach and not otherwise reimbursed by another source;

**OR**

(2) a flat, pro rata cash payment (Cash Fund Payment), the amount of which will depend on the number of Class Members who participate in the Settlement and how much of the Settlement Fund remains after payment of valid Documented Loss Payment claims.

Cash Fund Payments may be reduced or increased *pro rata* (i.e., equal share in proportion to the whole) depending on how many Class Members submit claims and how much of the Settlement Fund remains after payments are made for Approved Claims for Documented Loss Payments. Complete information about the Settlement and the Settlement Benefits are available at [www.azuradatasettlement.com](http://www.azuradatasettlement.com).

This Claim Form may be submitted online at [www.azuradatasettlement.com](http://www.azuradatasettlement.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 to:

Azura Data Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479







**VI. ATTESTATION**  
**(REQUIRED FOR DOCUMENTED LOSS PAYMENT CLAIMS ONLY)**

I, \_\_\_\_\_, declare that I suffered the Documented Losses claimed above.  
[Name]

I also attest that the Documented Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of Pennsylvania that the foregoing is true and correct.

Executed on \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.  
[Date] [City] [State]

\_\_\_\_\_  
[Signature]

**VII. PAYMENT SELECTION**

Please select **one** of the following payment options if you are seeking a Cash Fund Payment (Section IV) or Reimbursement for Documented Losses (Section V).

- PayPal** - Enter your PayPal email address: \_\_\_\_\_
- Venmo** - Enter the mobile number associated with your Venmo account: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Physical Check** - Payment will be mailed to the address provided in Section I above.

**VIII. CERTIFICATION**

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the Commonwealth of Pennsylvania that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

\_\_\_\_\_  
Signature:

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name