# **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.

This Claim Form may be submitted online at 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

### II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

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You will receive an email at the email address provided above after final approval prompting you to select how you would like to be paid. You can receive payment via a digital payment, or you can elect to receive a paper check.

## <u>OR</u>

#### V. REIMBURSEMENT FOR DOCUMENTED LOSSES

	Please check off this box for this section if you are electing to seek reimbursement for up to \$10,000 of
	Documented Losses you incurred that are more likely than not traceable to the Data Breach and not
	otherwise reimbursed by any other source. Documented Losses include unreimbursed losses and
	consequential expenses that are more likely than not related to the Data Breach and incurred on or after
	September 27, 2023.

To make a claim for a Documented Loss Payment, <u>you must</u> (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section VIII); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Documented Losses need to be deemed more likely than not due to the Data Breach by the Settlement Administrator based on the documentation you provide and the facts of the Data Breach. <u>Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator. If your claim for a Documented Loss Payment is rejected and you fail to cure the defect, your claim will automatically be considered as a claim for a Cash Fund Payment.</u>

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
O Unreimbursed fraud losses or charges	(mm/dd/yy)	\$         .	Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges
O Professional fees incurred in connection with identity theft or falsified tax returns	(mm/dd/yy)	\$	Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return
O Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	/ / / / / (mm/dd/yy)	\$	Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)				
O Credit freeze	(mm/dd/yy)	\$	Examples: Notices or account statements reflecting payment for a credit freeze				
O Credit monitoring that was ordered after September 27, 2023, through the date on which the Credit Monitoring and Insurance Services become available through this Settlement	mm/dd/yy)	\$	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services				
O Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	mm/dd/yy)	\$	Example: 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 to remediate or address issues related to the Warren General Data Incident				
O Other (provide detailed description)	(mm/dd/yy)	\$	Please provide detailed description below or in a separate document submitted with this Claim Form:				

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

I,, declare that I suff [Name]	Fered the Documented	Losses claimed above.
I also attest that the Documented Losses c insurance.	laimed above are accu	arate and were not otherwise reimbursable by
I declare under penalty of perjury under the		
Executed on, in	[City]	[State]
	[Sig	gnature]
VI	I. PAYMENT SELI	ECTION
Please select <u>one</u> of the following payment Reimbursement for Documented Losses (S	- ·	eking a Cash Fund Payment (Section IV) or
PayPal - Enter your PayPal email addr	ess:	
☐ <b>Venmo</b> - Enter the mobile number asso	ociated with your Ven	mo account:
Physical Check - Payment will be mai	led to the address pro-	vided in Section I above.
	VIII. CERTIFICAT	ΓΙΟΝ
information provided in this Claim Form perjury under the laws of the Commonwea that this claim may be subject to audit, ver require supplementation of this Claim of	and any attachments alth of Pennsylvania the rification, and Court representation and information and the settlement funds and the settlements are settlements are settlements and the settlements are settlements.	o make a claim in this Settlement and that the are true and correct. I declare under penalty of hat the foregoing is true and correct. I understand eview and that the Settlement Administrator may tion from me. I also understand that all claim may be reduced in part or in whole, depending on inistrator.
		Date:
Signature:		
Print Name		