

Cardiovascular Associates
Settlement Administrator
P.O. Box 3314
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted
Electronically or Postmarked by
MAY 5, 2026**

Samuel Lee, et al. v. Baptist Health Centers, LLC, d/b/a Cardiovascular Associates
Case No. 01-CV-2023-904352.00, Circuit Court of Jefferson County, Alabama

CLAIM FORM

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT
WWW.CVASETTLEMENT.COM OR POSTMARKED NO LATER THAN MAY 5, 2026.**

ATTENTION: This Claim Form is to be used to apply for relief related to the Data Security Incident that occurred between November 28, 2022 and December 5, 2022, and potentially impacted individuals who provided their Personal Information to Defendant. All Settlement Class Members are eligible to receive: (i) three (3) years of Credit and Medical Data Monitoring Services, (ii) compensation for Documented Monetary Losses up to \$5,000, and (iii) a Pro Rata Cash Payment: a pro rata share of the Net Settlement Fund, less all Valid Claims for Documented Monetary Losses and Credit and Medical Data Monitoring, estimated to be not less than \$50.

To submit a Claim, you must have been affected by the Data Security Incident that occurred between November 28, 2022 and December 5, 2022 as a potential Settlement Class Member from Defendant's records and have received Notice of this Settlement with a **unique Claim Number**.

PLEASE BE ADVISED that any documentation you provide in support of your Documented Monetary Losses claim must be submitted **WITH** this Claim Form. No documentation is required for claiming a Pro Rata Cash Payment or the Credit and Medical Data Monitoring Services.

CLAIM VERIFICATION: All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

ASSISTANCE: If you have questions about this Claim Form, please visit the Settlement Website at www.CVASettlement.com for additional information or call 1-833-402-7061.

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.

You do NOT need to submit Valid Claims for Documented Monetary Losses and/or Pro Rata Cash Payment to submit a claim for Credit and Medical Data Monitoring.

Section C. Part 1 – Pro Rata Cash Payment

Cash Payment: Would you like to receive a cash payment under the Settlement?

Yes No

** The payments under this option are predicted to be fifty dollars (\$50), however, the value of cash payment under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, attorneys’ and Settlement Administrator fees and expenses. Settlement Class Members may receive compensation for both Documented Monetary Losses and Pro Rata Cash Payments, subject to a combined monetary benefits cap of \$5,000 per Settlement Class Member.

Section C. Part 2 – Compensation for Documented Monetary Losses

If you incurred costs or expenditures in response to the Data Security Incident, you may be eligible to receive a payment to compensate you for losses.

If it is verified that you meet all the criteria described in the Settlement Agreement and you submit the dollar amount of those losses, you will be eligible to receive a payment compensating you for your losses of up to five thousand dollars (\$5,000).

Examples of what can be used to prove your losses include: receipts, account statements, etc. You may also prove losses by submitting information on the Claim Form that describes the expenses and how they were incurred.

Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

Did you incur any expenses or other monetary losses that you believe were as a result of the Data Security Incident? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc. as a direct result of or attributed to the Data Security Incident?

Yes No

If yes, you may be eligible to fill out the rest of this form and provide corroborating documentation.

For each monetary loss that you believe can be traced to the Data Security Incident, please provide a

description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide this information for this claim to be processed.** Supporting documentation must be submitted alongside this Claim Form. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator’s privacy policy is available at www.CVASettlement.com. Please do not directly communicate with Defendant regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Examples of Documented Monetary Losses may include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Security Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Examples of documentation include receipts for identity theft protection services, etc.

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Unauthorized credit card charge	0 7 / 1 7 / 2 4 MM DD YY	\$50.00	Letter from Bank
Example: Fees paid to a professional to remedy a falsified tax return	0 2 / 2 8 / 2 4 MM DD YY	\$25.00	Copy of the professional services bill
	/ /	\$ _____ . ____	
	/ /	\$ _____ . ____	
	/ /	\$ _____ . ____	
	/ /	\$ _____ . ____	
	/ /	\$ _____ . ____	
	/ /	\$ _____ . ____	

By checking the below box, I hereby declare under penalty of perjury that the information provided in this Claim Form to support relief for Documented Monetary Losses is true and correct.

Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking relief for Documented Monetary Losses under penalty of perjury. I further understand that my failure to check this box may render my claim for Documented Monetary Losses null and void.

Section D. Payment

Please select the manner in which payment will be issued for your Valid Claim.

PayPal* _____
PayPal Email Address

Venmo* _____
Venmo Email Address

Zelle* _____
Zelle Email Address

Paper Check via Mail _____
Mailing Address

*If you select payment via PayPal, Venmo or Zelle, the email address entered on this form will be used to process the payment to your account linked to that email address.

Section E. Settlement Class Member Affirmation

I declare under penalty of perjury that the information supplied in this Claim Form is true and correct. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Yes, I understand that my failure to check this box may render my Claim null and void.

Please include your name in both the Signature and Printed Name fields below.

Signature: _____ Print Name: _____ Date: _____

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