

Great Valley Cardiology Data Breach Settlement Administrator  
P.O. Box 3298  
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted Online  
or Postmarked By September 9, 2024**

***Ayala v. Commonwealth Health Physician Network, et. al.***

Lackawanna County Court of Common Pleas, Docket No. 2023-CV-3008

**CLAIM FORM**

**GENERAL INSTRUCTIONS**

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits.

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are an individual whose Personal Information was potentially compromised in the Data Breach experienced by GVC between February 2 and April 3, 2023, and who were sent the Notice of Data Privacy Incident on or around June 2023.

Settlement Class Members may submit a claim form for: (1) Documented Losses – up to a total of \$5,000 per claimant; or (2) a pro rata Settlement Payment in cash. Settlement Class Members may also elect to claim two years of credit monitoring and insurance services (“CMIS”).

**Documented Loss Payment:** Claims under this category must be supported with documentation and: 1) The loss is an actual, documented, and unreimbursed monetary loss arising from identity theft, fraud, or similar misuse; (2) the loss was more likely than not caused by the Data Breach; and (3) the loss occurred between February 2, 2023 and April 17, 2024. As part of a Documented Loss Payment Claim, Class Members may submit for reimbursement for time spent remedying issues related to the Data Breach for up to six (6) total hours at a rate of \$25 (for a total of \$150). No documentation need be submitted in connection with lost-time claims, but Settlement Class Members must attest that the time claimed was actually spent as a result of the Data Breach.

**Cash Fund Payment:** In the alternative to claiming Documented Losses, Settlement Class Members may elect to receive a *pro rata* share of the Settlement Fund.

**Credit Monitoring and Insurance Services (“CMIS”).** Settlement Class Members shall have the ability to make a claim for 2 years of credit monitoring and identity theft protection services with \$1 million in insurance by choosing this benefit on this Claim Form.

This Claim Form may be submitted electronically *via* the Settlement Website at [www.GVCDataSettlement.com](http://www.GVCDataSettlement.com) or completed and mailed, including any supporting documentation, to: *Great Valley Cardiology Data Breach Settlement Administrator*, P.O. Box 3298, Baton Rouge, LA 70821.

**I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

\_\_\_\_\_  
First Name\*

\_\_\_\_\_  
Last Name\*

\_\_\_\_\_  
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)\*

\_\_\_\_\_  
City\*

\_\_\_\_\_  
State\*

\_\_\_\_\_  
Zip Code\*

\_\_\_\_\_  
Email Address\*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Telephone Number\*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Notice ID, if known\*

## II. DOCUMENTED LOSSES PAYMENT

Check this box if you are requesting compensation for **Documented Losses** up to a total of \$5,000.

**\*You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

*Complete the chart below describing the supporting documentation you are submitting.*

Description of Documentation Provided	Amount
<i>Example: Receipts for credit repair services</i>	<i>\$100</i>
<b>TOTAL AMOUNT CLAIMED:</b>	

**Lost Time.** Check this box if you spent time monitoring accounts or otherwise dealing with issues related to the Security Incident.

You can submit a claim for reimbursement of \$25 per hour up to 6 hours (for a total of \$150, subject to the \$5,000 cap for Documented Losses). By checking this box, you are attesting that the activities you performed were related to the Data Breach.

Indicate the number of hours spent:

1 Hour   
  2 Hours   
  3 Hours   
  4 Hours   
  5 Hours   
  6 Hours

## III. CASH FUND PAYMENT

Check this box if you are requesting a *pro rata* cash payment from the Settlement Fund in the alternative to claiming Documented Losses.

## IV. CREDIT MONITORING AND INSURANCE SERVICES

Check this box if you wish to enroll in credit monitoring and insurance services for 2 years, which includes credit monitoring through all three national credit reporting bureaus with at least \$1,000,000 in identity theft insurance. You may select this benefit in addition to selecting either a Documented Losses Payment or a Cash Fund Payment.

## V. PAYMENT SELECTION

Please select one of the following payment options, which will be used should you be eligible to receive a Settlement payment:

**PayPal**

PayPal Account Email Address or Phone Number

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**Venmo**

Venmo Account Email Address or Phone Number

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**Zelle**

Zelle Account Email Address or Phone Number

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**E-MasterCard**

Your Current Email Address

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**Physical Check:** Payment will be mailed to the address provided in Section I above.

## VI. ATTESTATION & SIGNATURE

I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

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Printed Name

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Date

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