

Charleston Area Medical Center Data Incident Settlement

Claim Form

You are only eligible to file a claim if your personal, medical, or financial information was potentially exposed in a data breach announced by Charleston Area Medical Center (“CAMC”) on or about January 2022. By submitting a claim and signing the certification below, you are verifying that you received a notice from CAMC that your personal, medical, or financial information may have been compromised during the January 2022 Incident. You may get a check if you complete this Claim Form, provide the required information, the Settlement is Approved, and if you are found to be eligible for payment.

The Settlement Notice describes your legal rights and options. To view or download the Settlement Notice and find more information regarding your legal rights and options, please visit the official Settlement Website at www.CAMCdatasettlement.com or call toll-free 1-888-250-6810.

As a Settlement Class Member, you are eligible to make a claim for **either**:

One or both of the following options: Reimbursement for (1) Monetary Losses and/or (2) Attested Time, up to a total of \$6,000 in the aggregate.

OR

Pro Rata (equal) cash payment: As an alternative to filing a claim for reimbursement of Monetary Losses and/or Attested Time, you may submit a claim to receive a *pro rata* (equal share) payment from the Net Settlement Fund. The amount of this payment will depend on the number of Class Members who participate in the Settlement and who submit claims for Monetary Losses and/or Attested Time, attorneys’ fees, costs, service awards, and administration and notice costs and will be determined as reasonable by the Court

The deadline for submitting your Claim Form is March 24, 2025. Please send your Claim Form by U.S. Mail, or email to the Settlement Administrator:

CAMC Data Incident Settlement
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781
Email: claims@ilymgroup.com

1. CLASS MEMBER INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Required Information:

First: _____ M: _____ Last: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Email: _____

2. VERIFICATION OF CLASS MEMBERSHIP

You are only eligible to file a claim if you are a person to whom CAMC sent notification that personal information and/or protected health information may have been or was exposed to unauthorized third parties as a result of the Data Incident that occurred in January 2022. By submitting a claim and signing the certification below, you are verifying that you were notified by mail of the data incident by CAMC. In addition, to allow the Claims Administrator to confirm your membership in the Class, you must provide either:

(1) The unique identifier provided in the written notice you received from CAMC (located in the address block above your name); or (2) name and physical address you provided to CAMC for healthcare purposes.

Please **EITHER**:

(1) Provide the unique identifier provided in the Notice you received: _____.

OR

(2) Provide your name _____ and physical address you provided to CAMC for healthcare related purposes _____.

3. UNREIMBURSED MONETARY LOSSES

The Settlement provides for reimbursement of documented Monetary Losses which mean out-of-pocket costs or expenditures that a Settlement Class Member actually incurred that are supported by reasonable documentation that have not otherwise been reimbursed. Monetary Losses include documented losses that are fairly traceable to the Data Incident. Monetary Losses may include (1) unreimbursed losses related to fraud or identity theft; (2) credit monitoring costs that were incurred on or after the Data Incident throughout the date of claims submission; and (3) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges associated with either (1) or (2).

If you suffered Monetary Losses, then you can submit a claim for reimbursement up to \$6,000.

To obtain reimbursement under this category, you must attest to the following and provide the required proof.

☐ I attest under penalty of perjury that I incurred unreimbursed losses fairly traceable to the Data Incident AND I am providing documentation of these losses.

DATE	DESCRIPTION	COST

Examples: The cost of a credit monitoring that you purchased after hearing about the Incident; unreimbursed fraud losses or charges; notary or fax/postage expenses.

ATTACH DOCUMENTS: You must submit documentation to support your claims for Monetary Losses. Documentation can include receipts, a copy of a bank or credit card statement or other proof of claimed fees or unreimbursed charges (you may redact unrelated transactions and all but the last four digits of any account number), or a copy of the bill from your telephone company, mobile phone company, or internet service provider that show relevant charges. Attach a copy of a receipt or other proof of purchase for each expense (you may redact unrelated transactions).

4. PAYMENT FOR LOST TIME

If you spent time remedying issues related to the Data Incident, including dealing with fraud or identity theft or protecting yourself from future harm, then you may make a claim for payment for this time. All Settlement Class Members may submit a claim for reimbursement of undocumented Attested Time up to three (4) hours at \$20.00 per hour (for a total up to \$80) for self-certified undocumented Attested Time. Settlement Class Members may submit claims for both Attested Time and Unreimbursed Monetary Losses. **If you are selecting reimbursement for Attested Time, you must check the attestation at the end of this section.**

Please indicate below how much time (round to the nearest hour and check only one box) that you spent to prevent or mitigate fraud and identity theft following the announcement of the CAMC data incident in January 2022:

☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or emails, or on the internet in order to get fraudulent charges reversed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Check all activities below, which apply.

- ☐ Time spent obtaining credit reports
 - ☐ Time spent dealing with a credit freeze
 - ☐ Time spent dealing with bank or credit card freeze issues
 - ☐ Time spent monitoring accounts
 - ☐ Other. Provide description(s) here:
-
-

☐ I attest under penalty of perjury that the lost time claimed above is accurate and was not otherwise reimbursed by any other party.

5. ALTERNATIVE CASH PAYMENT

As an alternative to filing a claim for reimbursement of Monetary Losses and/or Attested Time, you may submit a claim to receive a *pro rata* (equal share) payment from the Net Settlement Fund. The amount of this payment will depend on the number of Class Members who participate in the Settlement and who submit claims for Monetary Losses and/or Attested Time, attorneys' fees, costs, service awards, and administration and notice costs.

This claim is an alternative to making a claim for Monetary Losses or Attested Time above. You may make a claim for the Alternative Cash Payment ***only*** if you chose ***not*** to make a claim for Monetary Losses or Attested Time above.

In order to make a claim for the Alternative Cash Payment, please check this box: ☐

6. COMPENSATION

In the event your claim is valid, and you qualify to receive a monetary payment, select the method by which you would like to receive the payment. A paper check will be mailed if a method of compensation is not selected. Please also confirm the email address listed in Section 1 is the correct email address to receive notification of your payment.

Please select only one:



Most widely accepted prepaid card
Use with Apple Pay, Google Pay, Samsung Pay

☐

GET A PREPAID MASTERCARD



No bank account required

☐

USE VENMO



Direct to your bank account

☐

USE ZELLE

Paper Check By Mail

Allow 1-3 extra weeks for delivery

☐

USE PAPER CHECK

7. CERTIFICATION

I affirm under the laws of the United States that the information supplied in this claim form is true and correct to the best of my knowledge. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Print Name: _____

Signature: _____

Date: _____

Once you've completed all applicable sections, please mail, or email this Claim Form and all required supporting documentation to the address provided below, postmarked by March 24, 2025.

CAMC Data Incident Settlement
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781
Email: claims@ilymgroup.com
Email: EMAIL ADDRESS