CLAIM FORM

Calton, et al. v. Medical Center Barbour, et al., Case No. 69-CV-2025-900014.00 (Barbour Co. Circ. Ct.)

GENERAL INSTRUCTIONS

This class action arose from an October 2023 data security incident suffered by MCBH, LLC d/b/a Medical Center Barbour ("MCBH") that was perpetrated by an unauthorized third party that resulted in the potential access to the personal information of MCBH's current and former patients and employees (the "Data Incident"). Plaintiffs, and MCBH, The Health Care Authority of the City of Eufaula and Blue Management Services, LLC d/b/a Alliant Management Services entered into a Settlement to resolve this matter.

If you received a notice about this class action Settlement addressed to you, then the Settlement Administrator has already determined that you are a Settlement Class Member.

As a Settlement Class Member, you are eligible to make a claim for one or more of the following:

- **Expense Reimbursement**: You may submit a claim for up to $5,000.00 for documented Out-of-Pocket Losses and, if you do, you may also submit a claim for Lost Time (up to 3 hours at a rate of $25 per hour).
- **Alternative Cash Payment:** As an alternative to filing a claim for an Expense Reimbursement Payment, you can elect to make a claim for a $50.00 cash payment.
- **Credit Monitoring Services**: You may request up to two (2) years of Credit Monitoring Services.

The deadline for submitting your Claim Form is **January 2, 2026**. Once you've completed all applicable sections, mail this Claim Form and all required supporting documentation to the MCBH Settlement Administrator, c/o CPT Group, Inc., PO Box 19504, Irvine, CA 92623.

You may also submit a claim form online at www.mcbdatasettlement.com.

1. CLAIMANT 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.

CPT ID:_____ (Provided on mailed Notice or Obtained from Settlement Administrator)

First Name: _____Last Name: _____

Address 1:_____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Email: _____

2. ALTERNATIVE CASH PAYMENT

If you wish to receive a cash payment in lieu of compensation for Expense Reimbursement of Out-of-Pocket Losses and Lost Time, check the box below.

☐ I would like to receive an Alternative Cash Payment.

3. CREDIT MONITORING SERVICES

As part of the Settlement, you may opt to receive two years of free credit monitoring services.

If you wish to receive credit monitoring, check the box below, provide your email address in the space provided in the "Claimant Information" section, and sign and return this Claim Form. Submitting this Claim Form will not automatically enroll you in credit monitoring. To enroll, you must follow the instructions that will be sent to you using the email address you provided above within 45 days after the Settlement is approved and becomes final (the "Effective Date").

☐ I would like to receive credit monitoring services. I have provided my email address in Section 1.

4. EXPENSE REIMBURSEMENT OF OUT-OF-POCKET LOSSES

Settlement Class Members may submit a claim for reimbursement of Out-of-Pocket Losses up to $5,000.00. Claims **must** be supported by (i) documentation of the loss and (ii) a brief description of the nature of the loss.

Out-of-Pocket Losses include unreimbursed costs or expenditures that are fairly traceable to the Data Incident. Examples of Out-of-Pocket Losses may include, but are not limited to:

- Unreimbursed costs to obtain credit reports
- Unreimbursed fees relating to a credit freeze
- Unreimbursed card replacement fees
- Unreimbursed late fees
- Unreimbursed over-limit fees
- Unreimbursed interest and fees on payday loans taken as a result of the Data Incident
- Unreimbursed bank or credit card fees
- Unreimbursed postage, mileage, and other incidental expenses resulting from the Data Incident
- Unreimbursed costs associated with up to one (1) year of credit monitoring or identity theft insurance purchased prior to the Effective Date, with certification that it was purchased primarily as a result of the Data Incident

The maximum amount of the Expense Reimbursement ($5,000.00) will be increased or decreased on a *pro rata* basis, depending upon the number of Valid Claims and the amount of funds available for these payments.

To obtain reimbursement under this category, you must provide details of your Out-of-Pocket Losses below and attach supporting documentation.

DATE	DESCRIPTION	AMOUNT

NOTE: You must include documentation supporting your claim for Out-of-Pocket Losses. This can include receipts, statements, invoices, or other documentation not "self-prepared" by the claimant that document the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, not sufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

5. EXPENSE REIMBURSEMENT FOR LOST TIME

Settlement Class Members who submit a Valid Claim for reimbursement of Out-Of-Pocket Losses under Section 4 may also claim reimbursement for up to three (3) hours of lost time at the rate of $25.00 per hour (*i.e.*, up to $75.00) for time reasonably spent responding to the Data Incident.

To obtain reimbursement under this category, you must provide a detailed description of the actions you took in dealing with fraud or identity theft that is traceable to the Data Incident and list the amount of time spent on each action (round up to the nearest hour).

DATE	DESCRIPTION OF ACTIONS TAKEN	HOUR(S) SPENT

6. PAYMENT METHOD

In the event your claim is valid, and you qualify to receive a monetary payment, a check will be mailed to the address you provided. If you prefer to receive an electronic payment, submit your Claim Form online at **www.mcbdatasettlement.com**.

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: _____

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE MAILED BY OR RECEIVED ONLINE AT WWW.MCBDATASETTLEMENT.COM NO LATER THAN JANUARY 2, 2026.