

2. PAYMENT ELIGIBILITY INFORMATION

Please review the notice and sections 2.3 through 2.8 of the Settlement Agreement (available at www.RxDataIncident.com) for more information on who is eligible for a payment.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Settlement Class Members who file a valid claim will be eligible for \$25, plus an additional \$75 if the Settlement Class Member resided in California at the time of receiving notice from CaptureRx regarding the Data Incident. Settlement Class Members will receive only one payment.

I attest that CaptureRx notified me that my first name, last name, date of birth and prescription Information was compromised during the Data Incident that took place on February 6, 2021.

Note: Every Settlement Class Member who attests that that they received a notice from CaptureRx that their information was involved in the Data Incident is eligible to receive \$25.00, regardless of whether they experienced any fraud or any identity theft as a result of the Data Incident. The \$25.00 award is subject to a pro rata reduction or a pro rata increase, depending upon how many claims are filed.

California Subclass Payment

In addition to the above benefits, California Settlement Subclass Members will also be eligible for an additional benefit of \$75 per California Settlement Subclass Members, subject to a potential pro rata reduction or pro rata increase, depending upon how many claims are filed.

To redeem this \$75 benefit, California Settlement Subclass Members must submit a Settlement Claim and attest by checking the box below that they were a California resident at the time they received notice from CaptureRx of the Data Incident.

I attest that I was a California resident at the time CaptureRx notified me of the Data Incident (between May and July 2021).

3. SIGN AND DATE YOUR CLAIM FORM.

Signature

____/____/_____
Date (mm/dd/yyyy)

Print Name

Please keep a copy of your completed Claim Form for your records.

Mail your completed Claim Form to the Settlement Administrator:

c/o Kroll Settlement Administration
P.O. Box 225391
New York, NY 10150-5391

or submit your claim online at
www.RxDataIncident.com

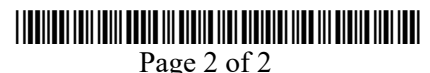
It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your claim. You can update your contact information on the Contact page at www.RxDataIncident.com.



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