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The DEADLINE
to submit or mail this
Claim Form is:
JULY 15, 2024

Andreoni v. Radiology Associates of Albuquerque, P.A. d/b/a RAA
Imaging; and Advanced Imaging, LLC d/b/a High Resolution,
Case No: D-202-CV-2022-05463

State of New Mexico, County of Bernalillo Second Judicial District Court

For Office Use Only

Radiology Associates of Albuquerque Data Breach
c/o Kroll Settlement Administration LLC
PO Box 225391
New York, NY 10150-5391

**ALL CLAIM FORMS MUST BE SUBMITTED
NOT LATER THAN JULY 15, 2024**

CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you are an individual who was notified of the Data Incident by letter from Radiology Associates of Albuquerque, P.A. d/b/a RAA Imaging; and Advanced Imaging, LLC d/b/a High Resolution, and you wish to sign up for credit monitoring and identity protection services, had out-of-pocket expenses or Lost Time spent dealing with the Data Incident, or wish to receive a Cash Payment. You may get a check if you fill out this Claim Form, if the settlement is approved, and if you are found to be eligible for a payment.

The settlement Detailed Notice describes your legal rights and options. Please visit the official Settlement Website, **www.radiologysettlement.com**, or call **(833) 462-3506** for more information.

If you wish to submit a claim for a Cash Payment, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **July 15, 2024**. Alternatively, you may submit a claim using the online form located on the Settlement Website listed above.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE.

1. Settlement Class Member Information.

_____ MI _____
First Name Last Name

_____ - _____
City State Zip Code

_____@_____
Current E-mail Address

Current Phone Number (required): (_____) _____ - _____

Class Member ID: **83006** _____



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2. Identity Theft Protections Services.

Three years of Identity Theft Protection Services

Check the box above if you wish to receive three years of credit monitoring and identity theft protection services (including \$1,000,000 in identity theft insurance) at no cost to you. If your claim is approved you will receive an activation for the service by mail or email, along with instructions on how to activate the service. If you select this benefit, you may also claim reimbursement for Ordinary Losses, Extraordinary Losses, and Lost Time.

3. Payment of Ordinary Losses, Extraordinary Losses, and Lost Time.

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

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of out-of-pocket expenses or Lost Time that you incurred as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation as described (if you provide account statements as part of proof for any part of your claim, you may mark out any unrelated transactions if you wish).

Lost Time attributable to the Data Incident

Settlement Class Members may make a claim for self-certified time spent related to the effects or potential effects of the Data Incident. Each Settlement Class Member may claim up to \$80 of lost time (calculated at \$20/hour, up to 4 hours) by simply attesting to the fact that they expended such time and describing how the time was spent.

I spent this many hours of time related to the Data Incident: ____ . ____ (round to the nearest 0.1 (6 minutes). Briefly describe how you spent that time in the space below:

Ordinary Losses fairly traceable to the Data Incident

Settlement Class Members may make a claim for documented Ordinary Losses related to the Data Incident, up to a maximum amount of \$400.

“Ordinary Losses” means the following out-of-pocket expenses fairly traceable to the Data Incident: (i) bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; and (ii) fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between the date of the Data Incident and July 15, 2024.

Total amount claimed for this category: \$ ____ ____ ____ . ____ ____ (maximum \$400)

Please describe the categories of Ordinary Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:



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Extraordinary Losses fairly traceable to the Data Incident

Settlement Class Members may make a claim for documented Extraordinary Losses related to the Data Incident, up to a maximum amount of \$4,000.

“Extraordinary Losses” means unreimbursed costs or expenditures (other than Ordinary Losses) incurred and fairly traceable to the Data Incident. Extraordinary Losses include, without limitation, the unreimbursed costs, expenses, losses or charges incurred a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of information compromised in the Data Incident, and including accountant’s fees related to any credit freezes.

Total amount claimed for this category: \$ _____ . _____ (maximum \$4,000)

Please describe the categories of Extraordinary Losses you are claiming, **and be sure to attach all documentation you have relating to these expenses:**

You must represent under penalty of perjury that the losses relating to the claim are true and accurate.

I declare under penalty of perjury that the information supplied for Extraordinary Losses is true and correct to the best of my recollection.

Signature: _____ Date: ____ / ____ / _____

Printed Name: _____

4. Cash Payment.

Cash Payment.

Check the box above if you wish to receive a Cash Payment estimated to be \$80 (subject to increase or decrease based on the total Net Settlement Funds remaining after payment of all other claim types). This payment will be calculated as your per capita amount of the Net Settlement Fund that remains after all payments for credit monitoring and for valid Ordinary Losses, Extraordinary Losses, and Lost Time, based on the number of people who submit a valid claim for any of the benefits of this settlement. If you submit a valid claim for a different benefit, you will also automatically receive a Cash Payment.

5. Sign and Date Your Claim Form.

Signature: _____ Date: ____ / ____ / _____

Printed Name: _____



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6. Reminder Checklist.

- Keep copies of the completed Claim Form and documentation for your own records.
- If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement website at **www.radiologysettlement.com** and complete the Contact form or send written notification of your new address. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.
- Please do not provide any sensitive documents that may contain Personal Information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, please visit the Settlement Website at **www.radiologysettlement.com** and provide these documents by completing the secure Document Uploader or by mail.

For more information, please visit the Settlement Website at **www.radiologysettlement.com**, or call the Settlement Administrator at **(833) 462-3506**. Please do not call the Court or the Clerk of the Court for additional information.



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