*400856429999999996*

**Must be postmarked or submitted online NO LATER THAN OCTOBER 8, 2026**

OnePoint Data Incident
Settlement Administrator
P.O. Box 2688
Portland, OR 97208-2688
www.OnePointSettlement.com

***Russo v. OP Pharmacy, LLC, a/k/a OnePoint Patient Care, LLC***
**Case No. 3:24-cv-00649-RGJ**

## GENERAL INFORMATION

If you received notice of this Settlement, the Settlement Administrator identified you as a potential living member of the Settlement Class because you were identified by OP Pharmacy, LLC, a/k/a OnePoint Patient Care, LLC ("Defendant"), as someone whose Private Information may have been impacted in the cybersecurity incident that took place August 8, 2024, involving the Defendant and resulting in the unauthorized access to or acquisition of Settlement Class Members' Private Information. The Private Information involved includes information collected by Defendant, directly or indirectly, pertaining to its current and former patients, including but not limited to names, addresses, facility location, and medical information.

You may submit a Claim Form for Settlement Class Member Benefits, outlined below, by filling out and returning this Claim Form by mail or by visiting the Settlement Website at www.OnePointSettlement.com. **Claims must be mailed or submitted online by October 8, 2026, to be considered timely. If you would prefer to submit by mail, please use the return address at the top of this form.**

## SETTLEMENT BENEFITS – WHAT YOU MAY GET

**You may submit a Claim for one of the Cash Payment options:**

1. **Cash Payment A – Documented Losses:** You may submit a Claim Form and provide reasonable documentation for losses related to the Data Incident for up to $3,500 per Settlement Class Member. Supporting documentation is required. If you submit a claim for Cash Payment A and the Settlement Administrator determines your claim to be invalid, your claim will automatically be converted to a claim for Cash Payment B.

   **OR**

2. **Cash Payment B – Alternate Cash:** Instead of Cash Payment A, without providing documentation, you may submit a Claim Form to receive an alternate cash payment in the estimated amount of $100.00.

   The actual amount of Cash Payment B will be determined based on the amount remaining in the Net Settlement Fund. Your Alternate Cash payment may be subject to a *pro rata* (a legal term meaning equal) adjustment based upon the total value of all Valid Claims.

* * *

*Please note: The Settlement Administrator may contact you to request additional documents to process your claim.*

For more information, visit **www.OnePointSettlement.com.**

**Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes final.**

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## Contact Information

**1. NAME (REQUIRED):**

First Name | MI | Last Name

**2. MAILING ADDRESS (REQUIRED):**

Street Address

Apt. No.

City | State | ZIP Code

**3. PHONE NUMBER:**

– –

**4. EMAIL ADDRESS:**

**5. UNIQUE ID:**

## Cash Payment A – Documented Losses

If you lost or spent money relating to the Data Incident and have not been reimbursed for that loss or expense, you can receive reimbursement for up to $3,500 total. Eligible losses include those incurred on or after August 8, 2024, up to the date of filing your claim.

It is important for you to send documents that show what happened and how much you lost or spent so that you can be reimbursed. Self-prepared documents, like handwritten receipts, personal certifications, or affidavits prepared by you, are insufficient for reimbursement but can be used to add clarity or support other submitted documentation.

To look up more details about how the Cash Payments work, visit **www.OnePointSettlement.com** or call **1-844-635-2035** toll-free. Please also review the Long-Form Notice on the Settlement Website. *By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data incidents or breaches.*

If you do not submit reasonable documentation supporting a loss, or if your Claim Form is invalid as determined by the Settlement Administrator, and you do not cure your Claim Form, your claim will be converted to a claim for Cash Payment B.

☐ **By checking this box, I affirm I want to receive Cash Payment A.**

| Expense or Loss Type and Examples of Acceptable Documentation | Amount and Date of Expense or Loss | Description of Expense or Loss and Supporting Documents (Identify what you are attaching and how it's related to the Data Incident) |
|---|---|---|
| Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical identity theft<br><br>*Examples: Receipts, notices, or account statements reflecting payment for a credit freeze* | $ ☐☐☐☐☐ • ☐☐<br>Date:<br>☐☐ – ☐☐ – ☐☐☐☐<br>MM DD YYYY | _____<br>_____<br>_____ |
| Other losses or costs resulting from identity theft or fraud (provide detailed description) fairly traceable to the Data Incident<br><br>*Examples: Account statement with unauthorized charges circled; account statement showing bank fees; or account statement showing fees for credit reports, credit monitoring, or other identity theft insurance products purchased* | $ ☐☐☐☐☐ • ☐☐<br>Date:<br>☐☐ – ☐☐ – ☐☐☐☐<br>MM DD YYYY | _____<br>_____<br>_____ |
| Other expenses, such as notary, fax, postage, copying, mileage, or long-distance telephone charges related to the Data Incident<br><br>*Examples: Phone bills; receipts; detailed list of addresses you traveled to (e.g., police station, IRS office), reason why you traveled there (e.g., police report or letter from IRS re: falsified tax return), and number of miles you traveled* | $ ☐☐☐☐☐ • ☐☐<br>Date:<br>☐☐ – ☐☐ – ☐☐☐☐<br>MM DD YYYY | _____<br>_____<br>_____ |

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## Cash Payment B – Alternate Cash

Instead of Cash Payment A, without providing documentation, you may elect to receive an Alternate Cash payment, estimated to be $100.00. Your Alternate Cash payment may be subject to a *pro rata* (a legal term meaning equal share) increase or decrease depending upon the total value of all Valid Claims.

☐ **By checking this box, I affirm I want to receive an Alternate Cash payment under Cash Payment B.**

## Declaration for Medicare Beneficiaries Claiming Emotional Distress

☐ By checking this box, I declare that I was a Medicare beneficiary during the time period of August 8, 2024, through the date of submission of this Claim Form and I am seeking benefits in this Settlement related to emotional distress. If you were a Medicare beneficiary at any time during the period of August 8, 2024, to present and are seeking any reimbursement for emotional distress, the Settlement Administrator may contact you to provide additional information necessary for Medicare reporting requirements.

*Leave this box unchecked* if either (i) you were not a Medicare beneficiary during the time period of August 8, 2024, to the present or (ii) you were a Medicare beneficiary at any time during the period from August 8, 2024, through the date of submission of this Claim Form and are not seeking any reimbursement for emotional distress from this Settlement.

## Payment Selection

Please choose one of the following payment methods:

☐ Check (sent to the mailing address provided in the "Contact Information" section)

☐ Digital payment (sent to the email address provided in the "Contact Information" section)

## Certification

I affirm under the laws of the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my claim is true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Signature

Date: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Print Name