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**USE THIS FORM**  
**ONLY IF YOU ARE A SETTLEMENT CLASS MEMBER**

**GENERAL INSTRUCTIONS**

If you received Notice of this Settlement, the Claims Administrator identified you as a Settlement Class Member whose personally identifiable information and/or protected health information may have been exposed to unauthorized third parties as a result of the Data Incident experienced by Roper in October 2020. You may submit a Claim for Settlement benefits, outlined below.

**The easiest way to submit a Claim is online at [www.roperdatasettlement.com](http://www.roperdatasettlement.com) or you can complete and mail this Claim Form to the mailing address below.**

*Claims Administrator*  
Prevost v. Roper St. Francis Healthcare Settlement  
c/o Kroll Settlement Administration  
PO Box 225391  
New York, NY 10150-5391

**To receive any of these benefits, you must submit the Claim Form below by May 30, 2024**

**You may submit a Claim for the following benefits:**

- 1) **Ordinary Out-of-Pocket Expenses:** Settlement Class Members are eligible to recover compensation for up to \$325 of their ordinary unreimbursed out-of-pocket expenses, that were incurred between October 2020 and the Claims Deadline, as a result of the Data Incident, including: long distance telephone charges, cell phone minutes (if charged by the minute), Internet usage charges (if either charged by the minute or incurred solely as a result of the Data Incident), costs of credit monitoring services and/or fraud resolution services purchased between October 2020 and the Claims Deadline, other losses incurred by Settlement Class Members determined to be fairly traceable to the Data Incident; and compensation for attested-to lost time spent dealing with the Data Incident, at the rate of \$20 per hour for up to four (4) hours of lost time.
- 2) **Extraordinary Out-of-Pocket Expenses:** Settlement Class Members are also eligible to receive reimbursement for up to \$3,250 per Settlement Class Member for documented expenses directly associated with dealing with identity theft or identity fraud related to the Data Incident.
- 3) **Credit Monitoring:** Settlement Class Members are also eligible to receive twelve (12) months of credit monitoring.

**Questions? Go to [www.roperdatasettlement.com](http://www.roperdatasettlement.com) or call (833) 462-3479.**



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Page 1 of 5



772900000000

Please read the Claim Form carefully and answer all questions. Failure to provide the required information could result in a denial of your Claim.

Please note: the Claims Administrator may contact you to request additional documentation to process your Claim. For more information and complete instructions, please visit [www.roperdatasettlement.com](http://www.roperdatasettlement.com).

**Settlement benefits will be distributed only after the Settlement is approved by the Court.**

**I. CLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

\_\_\_\_\_  
**First Name** **Last Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**Email Address (optional)** @

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Telephone Number**

**II. PROOF OF SETTLEMENT CLASS MEMBERSHIP**

Check this box to certify that you were notified of the Data Incident and/or Settlement, during which an unauthorized third party gained access to three Roper employee email accounts, which contained personally identifiable information (“PII”) and/or protected health information (“PHI”).

Enter the Class Member ID provided on your postcard Notice. Your Class Member ID is located on the front of the postcard Notice that was sent to Settlement Class Members via U.S. Mail. If you lost or do not know your Class Member ID, you may contact the Claims Administrator **in the Contact section of the Settlement Website, [www.roperdatasettlement.com](http://www.roperdatasettlement.com)**:

**Class Member ID:** 7 7 2 9 0 \_\_\_\_\_

**III. CREDIT MONITORING**

Check this box if you elect to receive credit monitoring for twelve (12) months.

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Page 2 of 5



**IV. REIMBURSEMENT FOR LOST TIME**

All Settlement Class Members who have spent time dealing with the Data Incident may submit a Claim for up to four (4) hours for lost time at a rate of \$20.00 per hour. Any compensation for lost time is included in the \$325 cap per Settlement Class Member (no documentation is required).

Hours claimed (up to 4 hours – check one box)  1 Hour  2 Hours  3 Hours  4 Hours

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident and not incurred due to some other event or reason.

***In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident. Check all activities, below, which apply.***

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here:

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**V. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES**

Settlement Class Members may submit a Claim for reimbursement of the following **documented** out-of-pocket expenses, not to exceed, per Class Member, \$325 for ordinary expenses that are fairly traceable to the Data Incident or \$3,250 for extraordinary expenses associated with identity theft or fraud directly related to the Data Incident :

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
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<input type="checkbox"/> Ordinary Out-of-Pocket Expenses incurred as a result of the Data Incident, including long distance phone charges, cell phone charges (only if charged by the minute), Internet usage charges (if charged by the minute or incurred solely as a result of the Data Incident),	____/____/____ (mm/dd/yyyy)	\$ _____ . _____
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**Examples of Supporting Third Party Documentation:** Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses. Please note that these examples of reimbursable Ordinary Out-of-Pocket Expenses are not meant to be exhaustive, but exemplary. You may make Claims for any unreimbursed Ordinary Out-of-Pocket Expenses that you believe are reasonably related and fairly traceable to the Data Incident and not incurred due to some other event or reason.

<input type="checkbox"/> Reimbursement for proven Extraordinary Out-of-Pocket Expenses, professional fees including attorneys' fees, accountants' fees, and fees for credit monitoring Services and/or fraud resolution services incurred between October 2020 and May 30, 2024.	____/____/____ (mm/dd/yyyy)	\$ _____ . _____
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**Examples of Supporting Documentation:** Invoices or statements reflecting payments made for professional fees/services or receipts or account statements reflecting purchases made for credit monitoring or identity theft insurance services; provided that the Claimant must submit (1) a statement that the monitoring or service was purchased primarily because of the Data Incident and not for other purposes; and (2) documentation supporting the cost of the service purchased.

**YOU MUST SUBMIT DOCUMENTATION OF YOUR OUT-OF-POCKET EXPENSES**

I attest and affirm to the best of my knowledge and belief that any claimed expenses were incurred as a result of the Data Incident between October 2020 and May 30, 2024 and not incurred due to some other event or reason.

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77290



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Page 4 of 5



772900000000

**VI. PAYMENT SELECTION**

If you want to receive an electronic payment, please submit your Claim online. If you submit your claim using this Paper Claim form, a check will be mailed to you.

**VII. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of the State of South Carolina that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed Name



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