

In re: Hapy Bear Surgery Center Settlement
c/o HBSC Settlement Administrator
PO Box 4206
Baton Rouge, LA, 70821

**Your Claim Form Must Be Submitted
On or Before February 4, 2025**

In Re: Hapy Bear Surgery Center Data Security Incident Litigation

In the Superior Court of Tulare County, California
(Case No. VCU307987)

Claim Form

This claim form should be filled out online or submitted by mail if you are a U.S. resident whose personal information was implicated in the Data Security Incident that Hapy Bear Surgery Center ("HBSC") discovered on or about December 27, 2023 (the "Data Security Incident"), including those who were sent notice about the Data Security Incident. The potential benefits include (1) up to \$500 in documented ordinary out-of-pocket losses and up to four (4) hours of time at \$25 per hour reasonably spent responding to the Data Security Incident; (2) up to \$7,500 in reimbursement for documented extraordinary out-of-pocket losses related to the Data Security Incident; and (3) two years of additional Credit Monitoring Services. California Residents are also eligible to receive an additional \$50 payment. You may get a payment or other benefit if you timely fill out and submit this claim form, if the settlement is approved, and if you are found to be eligible for a payment or other benefit.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.HBSCDataSettlement.com, or call 1-855-783-9809 for more information.

If you wish to submit a claim for a settlement payment or Credit Monitoring Services, 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 **February 4, 2025**.

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. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT WWW.HBSCDATASETTLEMENT.COM.

1. CLASS MEMBER INFORMATION

_____ First Name*		_____ Middle Initial
_____ Last Name*		_____ Suffix
_____ Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*		
_____ City*	_____ State*	_____ Zip Code*
_____ Current Email Address*		
_____ Current Phone Number	_____ Settlement Claim ID*	

Your Settlement Claim ID is printed on the notice you received in the mail. If you no longer have your notice, contact the Settlement Administrator at 1-855-783-9809.

2. PAYMENT ELIGIBILITY INFORMATION

Please review the notice and paragraphs 50-56 of the Settlement Agreement for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement payment or other benefit.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of expenses or lost time that you incurred as a result of the Data Security Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). Please note that recovery is limited to (1) up to \$500 in documented ordinary out-of-pocket losses and up to four (4) hours of time at \$25 per hour reasonably spent responding to the Data Security Incident; (2) up to \$7,500 in reimbursement for documented extraordinary out-of-pocket losses related to the Data Security Incident; and (3) two years of additional Credit Monitoring Services. California Residents are also eligible to receive an additional \$50 payment.

Ordinary expenses and/or lost time incurred as a result of the Data Security Incident. This category is capped at \$500 to include lost time amounts. You must provide a description of the charges or time sought to be reimbursed.

Time reimbursement for time spent dealing with the Data Security Incident

Examples – You spent an hour contacting your bank and/or implementing credit monitoring, and/or checking your statements as a result of the Data Security Incident. Recovery for this category is paid out at \$25/hour, for up to four (4) hours.

1 Hour 2 Hours 3 Hours 4 Hours

Explanation of Time Spent (Identify what you did by activity and why)	Approx. Date(s) if known	Time Spent on Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____

Documented Out of Pocket Expenses/Reimbursement of fees paid for services or products purchased as a result of the Data Security Incident between December 27, 2023 and the Claims Deadline up to a maximum of \$500.

You must provide supporting documentation. **Examples** - bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (if charged based on the amount of data used), postage, or gasoline/electricity for travel; fees for credit reports, credit monitoring, or other identity theft insurance, purchased between December 27, 2023 and **February 4, 2025**.

Total amount for this category: \$ _____ . _____

Expense Type	Approximate Amount of Expense and Date	Description of Expense or Money Paid and Supporting Documents <i>(Identify what you are attaching, and why it's related to the Data Security Incident)</i>
_____	\$ _____ Amount Date	_____
_____	\$ _____ Amount Date	_____
_____	\$ _____ Amount Date	_____

If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Extraordinary Expenses as a result of the Data Security Incident. This category is capped at \$7,500.

Documented Out of Pocket Expenses/Reimbursement of fees and damages for unreimbursed monetary losses as a result of the Data Security Incident between December 27, 2023 and the Claims Deadline up to a maximum of \$7,500.

You must provide supporting documentation. Examples - funds stolen from bank accounts; unreimbursed fraudulent credit card purchases, money taken from financial accounts, fraudulent loans, tax liens, etc., and any other unreimbursed cost that occurred between December 27, 2023 and **February 4, 2025** and is more than likely related to the Data Security Incident.

Total amount for this category: \$ _____ . _____

Expense Type	Approximate Amount of Expense and Date	Description of Expense or Money Paid and Supporting Documents <i>(Identify what you are attaching, and why it's related to the Data Security Incident)</i>
_____	\$ _____ Amount _____ Date _____	_____
_____	\$ _____ Amount _____ Date _____	_____
_____	\$ _____ Amount _____ Date _____	_____

If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

I wish to make a claim for an additional two (2) years of Credit Monitoring Services.

3. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information 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. I understand that I may be asked by the Claims Administrator to provide supplemental information before my claim will be considered complete and valid.

Signature

Printed Name

Date

4. REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please visit the settlement administration website at www.HBSCDataSettlement.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case the Settlement Administrator needs to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please visit the settlement administration website at www.HBSCDataSettlement.com and provide these documents by completing the Secure Contact Form.
4. For more information, please visit the settlement administration website at www.HBSCDataSettlement.com or call the Settlement Administrator at 1-855-783-9809. Please do not call the Court or the Clerk of the Court.