

Your claim must be submitted online or postmarked by: February 11, 2025

Pope v. Benson Area Medical Center, Inc. a/k/a Benson Health
Case No. 22CVS002873-500
North Carolina Superior Court
BENSON HEALTH DATA INCIDENT CLAIM FORM

BEN-CLAIM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form in the Benson Health Data Incident Settlement if you are a Settlement Class Member.

The **Settlement Class** includes: All individuals residing in the United States to whom Defendant sent a notice concerning the May 2021 ransomware incident perpetrated against Benson Health (the “**Data Incident**”). The Data Incident was disclosed by Benson Health in or around July 2022.

SETTLEMENT CLASS MEMBER BENEFITS

The following benefits are available to Settlement Class Members:

Ordinary Out-of-Pocket Expenses (up to \$300 per Settlement Class Member) *Requires Documentation

Reimbursement for documented ordinary out-of-pocket expenses that were incurred as a result of the Data Incident, including: (i) unreimbursed bank fees; (ii) long distance phone charges; (iii) cell phone charges (only if charged by the minute); (iv) data charges (only if charged based on the amount of data used); (v) postage; (vi) gasoline for local travel; and (viii) fees for credit reports, or other identity theft protection services and plans purchased between May 1, 2021 and February 11, 2025.

Lost Time Reimbursement (up to four (4) hours at \$17.50 per hour)

Settlement Class Members may receive reimbursement for lost time if the Settlement Class Member includes a brief description of activities engaged in responding to the incident and the time spent on each such activity, and attests that any claimed lost time was spent responding to issues raised by the Data Incident.

Extraordinary Losses (up to \$1,000 per Settlement Class Member) *Requires Documentation

Reimbursement for documented extraordinary losses that: (i) are actual, documented, and unreimbursed; (ii) were more likely than not caused by the Data Incident; (iii) occurred between May 1, 2021 and February 11, 2025; and (iv) are not already covered by ordinary out-of-pocket expenses. Settlement Class Members must have made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion, if applicable, of the Settlement Class Member’s credit monitoring insurance and identity theft insurance.

Credit Monitoring

Settlement Class Members are eligible to claim one (1) year of one credit bureau credit monitoring and \$1 million in identity theft insurance protections. No supporting documentation is necessary to receive this Settlement benefit.

SUBMITTING YOUR CLAIM FORM

Claim Forms may be submitted online at www.PopeDataSettlement.com by **February 11, 2025** or completed and mailed to the Settlement Administrator **postmarked no later than February 11, 2025**.

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Pope Data Breach Settlement, c/o Atticus Administration, PO Box 64053, St. Paul, MN 55164-9996

If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information. If you do not respond and your claim is denied, you will not receive a settlement payment. If you have any questions, please contact the Settlement Administrator by email at PopeDataSettlement@AtticusAdmin.com or by mail at the address listed above.

QUESTIONS? VISIT WWW.POPEDATASETTLEMENT.COM OR CALL TOLL-FREE 1-800-681-7107

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I. CLAIMANT INFORMATION

Provide your contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID Number

II. CREDIT MONITORING PROTECTIONS

Check this box if you wish to receive one (1) year of one credit bureau credit monitoring and \$1 million in identity theft insurance protections. Submitting this Claim Form will not automatically enroll you. To enroll, you must follow the instructions that will be sent to the email address (that you provide in Section I above) after the Settlement is approved and becomes final.

III. ORDINARY OUT-OF-POCKET EXPENSES

Check this box if you are seeking reimbursement for documented ordinary out-of-pocket expenses, not to exceed \$300 per Settlement Class Member, that were incurred as a result of the Data Incident.

You must submit supporting documentation demonstrating the actual, unreimbursed expenses you are seeking reimbursement for. Complete the chart below describing the supporting documentation you are submitting, and the reimbursement amount you are seeking.

Description of Documentation Provided	Amount
<i>Example: Statement demonstrating unreimbursed bank fees</i>	<i>\$40</i>
Total Documented Ordinary Out-of-Pocket Expenses:	

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V. PAYMENT SELECTION

Please select **one** of the following payment options if you completed section III or IV above.

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: ____-____-____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____-____-____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided in Section I above.

VI. AFFIRMATION & SIGNATURE

By signing below and submitting this Claim Form, I affirm under penalty of perjury under the laws of the United States that I am a Settlement Class Member and that the information provided in this Claim Form, including any supporting documentation, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature: _____ Printed Name: _____ Date: _____