

***Weekes v. Cohen Cleary, P.C., Case No. 1:23-cv-10817-NMG
Cohen Cleary, P.C. Settlement***

**OUT-OF-POCKET LOSSES AND IDENTITY THEFT
PROTECTION AND RESTORATION SERVICES CLAIM FORM**

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT
WWW.COHENSETTLEMENT.COM OR POSTMARKED
NO LATER THAN JUNE 20, 2025.**

ATTENTION: This Claim Form is to be used to apply for relief related to the Data Incident that occurred on or before September 30, 2022 and potentially affected patients, employees, and guarantors of Cohen Cleary, P.C. (“Cohen Cleary”). Individuals may be eligible: 1) for all Settlement Class Members, reimbursement of actual losses that are reasonably traceable to the Data Incident, including attested time.

*To submit a Claim, you must have been identified as a potential Settlement Class Member, either from Cohen Cleary’s Notice of this Settlement with a **unique CPT ID** or through a nationwide press release. If you do not have a CPT ID, you can contact the settlement administrator.*

You may apply to be reimbursed for your actual out-of-pocket losses, up to \$5,000.00.

PLEASE BE ADVISED that any documentation you provide must be submitted **WITH** this Claim Form.

*Note that you **MUST** separately apply for out-of-pocket losses, including attested time, using this claim form.*

CLAIM VERIFICATION: All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

ASSISTANCE: If you have questions about this Claim Form, please visit the Settlement website at www.CohenSettlement.com for additional information or call 1-888-324-4816.

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.

REGISTRATION

First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address:

City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number: - -

Email Address:

Please provide the CPT ID identified in the notice that was mailed to you. If you do not have your CPT ID, you can contact the Settlement Administrator.

Instructions. Please follow the instructions below and answer the questions as instructed.

CLAIM INFORMATION

Section A. Confirm Your Eligibility

Did you receive a unique CPT ID indicating that you may be a member of the Settlement Class?

Yes No

If yes, continue to the next question. If no, you should contact the Settlement Administrator.

Did you suffer any financial expenses or other financial losses that you believe was as a result of the Data Incident or did you spend time remedying the issues related to the Data Incident? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc., or spend time monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc. as a direct result of or attributed to the Data Incident?

Yes No

*If yes, you may be eligible to fill out **Section B** of this form and provide corroborating documentation.*

Section B. Reimbursement for Losses and Attested Lost Time

If you suffered verifiable financial losses that are reasonably traceable to the Data Incident or spent time remedying the issues related to the Data Incident, you may be eligible to receive a payment to compensate you for the losses and inconveniences suffered and lost time spent that are fairly traceable to the Data Incident.

*If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit** proof of your losses and the dollar amount of those losses, you will be eligible to receive a payment compensating you for your documented losses of up to **\$5,000.00**. Examples of what can be used to prove your losses include: receipts, account statements, etc. You may also prove losses by submitting information in the claim form that describes time spent remedying suspected identity theft, fraud, or misuse of personal information and/or other issues reasonably traceable to the Data Incident. You will be required to provide an attestation as to the time you spent remedying issues related to the Data Incident. Examples of what can be used to account for your losses related to time spent remedying issues related to the Data Incident include: time spent monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc.*

Providing adequate proof of your losses does not guaranty that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your Claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

Payment for your losses will be paid directly to you via paper check, unless you request to be paid electronically as indicated below.

For each loss that you believe can be traced to the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide ALL this information for this Claim to be processed.** Supporting documents must be submitted electronically. Please do so as part of this Claim Form at www.CohenSettlement.com or along with your postmarked claim form and provide the additional information required below. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny Your Claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at www.CohenSettlement.com. With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendant in this action. Please do not directly communicate with Cohen Cleary, P.C. regarding this matter. All inquiries are to be sent to the Claims Administrator.

Examples of such losses include payments for identity theft protection or credit monitoring you made which are reasonably traceable to the Data Incident, financial losses due to stolen identity traceable to the Data Incident, etc. These are only examples and do not represent a complete list of losses eligible for compensation. Please provide a description of any loss that you claim was the result of the Data Incident.

Examples of documentation include receipts for identity theft protection services, etc.

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Identity Theft Protection Service	0 7 - 1 7 - 2 0 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 2 - 3 0 - 2 1 MM DD YY	\$25.00	Copy of the professional services bill
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	
	MM DD YY	\$ -	

Reimbursement for Attested Time:

Settlement Class Members may submit a claim for time spent remedying identity theft, fraud, misuse of personal information, credit monitoring or freezing credit reports, and/or other issues reasonably traceable to the Data Incident at \$25.00 per hour for up to 4 hours.

If you spent time remedying issues related to the Data Incident, including at least one (1) full hour up to four (4) full hours, please list the number of hours you spent here: _____.

By checking the below box, I hereby declare under penalty of perjury that the information provided in this Claim Form to support my seeking relief for Attested Time is true and correct.

- Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking relief for Attested Time under penalty of perjury. I further understand that my failure to check this box may render my Claim for Attested Time null and void.**

Section C. Payment

You will receive payment for your losses under this Settlement if your claim is valid, which will be mailed in the form of a check sent to the mailing address you provided above.

If you wish to receive an electronic payment, please submit your Claim Form online at www.CohenSettlement.com.

Section D. Settlement Class Member Affirmation

By submitting this Claim Form and checking the box below, I declare that I received notification from Cohen Cleary that I have been identified as a potential Settlement Class Member. As I have submitted claims of losses due to the Data Incident, I declare that I suffered these losses.

I understand that my Claim and the information provided above will be subject to verification.

I also understand that I may not be entitled to recover under this Settlement if I am employed by and/or affiliated with the Judge or Magistrate presiding over this action, and/or am employed by the Defendants or anyone acting on their behalf.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Yes, I understand that my failure to check this box may render my Claim null and void.

Please include your name in both the Signature and Printed Name fields below.

Signature:

Date: - -
MM DD YY

Printed Name:

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