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**Must be postmarked or
submitted online
NO LATER THAN
JULY 24, 2023**

Maxim Healthcare Settlement Administrator
P.O. BOX 225391
New York, NY 10150-5391
www.MaximSettlement.com

**MAXIM
HEALTH
CARE**

Maxim Healthcare Settlement Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice from Maxim Healthcare (“Maxim”) that your personally identifiable information may have been compromised as a result of a third-party criminal cyberattack on Maxim occurring between October 1, 2020 and December 4, 2020, (the “Data Incident”), you are a Settlement Class Member and may submit a claim for Settlement Benefits.

The easiest way to submit a claim is online at www.MaximSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one or more of these benefits:

Cash Reimbursement. Use the Claim Form to request money for one or more of the following:

1. **California Cash Payment Benefit.** If you were a resident of California between October 1, 2020 and December 4, 2020 and submit a valid and timely Claim Form, you are eligible to receive a cash payment of **\$100**. This amount can be combined with a claim for documented Extraordinary Expenses but cannot be combined with the Lost-Time Reimbursement Benefit, below.
2. **Lost-Time Reimbursement for Time You Spent or Lost.** If you are not a California resident, and if you spent or lost any time remedying issues related to the Data Incident you may be eligible for reimbursement of up to three (3) hours of lost time at a rate of \$20.00 per hour, not to exceed \$60.00 total. This amount can be combined with a claim for documented Extraordinary Expenses, below, but cannot be combined with the California Cash Payment Benefit, above.
3. **Extraordinary Expense Reimbursement for Money You Spent or Lost.** If you experienced an actual loss because of the Data Incident, and you have documentation supporting these losses, you may be reimbursed up to \$5,000 for Extraordinary Expenses related to identity theft. You must submit documents supporting your claim(s).

Claims must be submitted online or mailed and postmarked by July 24, 2023. Use the address at the top of this form for mailed claims.

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

For more information on the Settlement benefits, what documents you need to attach, how the Settlement Administrator will decide whether to approve your payments, and for complete instructions, visit www.MaximSettlement.com.

The Settlement also provides that all Class Members shall receive a code for 12-months of Financial Shield identity theft protection. Your activation code is contained on your Postcard Notice, and may be used to activate the Financial Shield service at <https://app.financialshield.com/enrollment/activate/maxim> after the Effective Date, estimated to be August 28, 2023.

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



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Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us using the contact section of the Settlement Website or in writing by mailing to the address listed on the top of this Claim Form.

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Your Unique ID (located on the Postcard Notice mailed to you)

First Name MI Last Name

Mailing Address

Mailing Address 2

City State ZIP Code

Phone Number

@
Email Address (OPTIONAL – IF YOU WOULD LIKE A REMINDER EMAILED TO YOU OF THE DATE ON WHICH YOU MAY USE YOUR ACTIVATION CODE FOR FINANCIAL SHIELD, PLEASE PROVIDE YOUR EMAIL ADDRESS)

California Cash Payment Benefit

If you are a California resident, you can receive a cash payment of \$100. **This amount can be combined with a claim for documented Extraordinary Expenses, but it cannot be combined with a claim for Lost-Time.**

Please check the box below if you would like to receive a Cash Payment Benefit.

I would like to receive a cash payment of \$100.

If your qualifying California residence address is different from the mailing address provided above, please provide it below:

Qualifying California Residence Address

Qualifying California Residence Address 2

City State ZIP

If you do not wish to file a claim for Extraordinary Expenses Losses, you may skip to the section at the end titled, "How You Would Like to Receive Your Cash Payment."



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Lost-Time Reimbursement

You may be eligible for reimbursement of up to three (3) hours of lost time spent remedying issues related to the Data Incident (at \$20.00 per hour), not to exceed a total of \$60.00. If you fill out this section you are attesting that the hours being claimed were spent making reasonable efforts to address the Data Incident and or Losses that occurred as a result thereof. **IF YOU CLAIMED THE CALIFORNIA-RESIDENT BENEFIT ABOVE, YOU MAY NOT CLAIM THIS BENEFIT. THIS BENEFIT IS ONLY AVAILABLE TO NON-CALIFORNIA RESIDENTS.**

Number of Hours Claimed (Select one)	<input type="checkbox"/> 1 Hour	<input type="checkbox"/> 2 Hours	<input type="checkbox"/> 3 Hours
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Cash Reimbursement: Documented Extraordinary Expenses

You can receive reimbursement for up to \$5,000 for documented extraordinary losses incurred as a result of the Data Incident if: (1) the loss is an actual, documented, and unreimbursed monetary loss; (2) the loss was more likely than not caused by the Data Incident; (3) the loss occurred between October 1, 2020 and **July 24, 2023**; (4) the loss is not for Lost-Time Benefits (above) or California Cash Benefit (above); and (5) you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhausting all available credit monitoring insurance and identity theft insurance. If you do not provide the required documentation to support your Claim, your Claim will be denied.

Expense or Loss Types and Examples of Documents	Approximate Amount of Loss and Date	Description of Expense, Money Spent or Loss and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
Extraordinary Loss <i>Examples: Unreimbursed fraudulent charges, professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft</i>	\$ _____ _____ / _____ / _____ MM DD YYYY	_____ _____ _____ _____
Other Extraordinary Losses <i>Please provide a detailed description of the Extraordinary Loss.</i>	\$ _____ _____ / _____ / _____ MM DD YYYY	_____ _____ _____ _____

How You Would Like to Receive Your Cash Payment

If you are making a claim for a cash payment in this Claim Form and would like to receive a digital payment, submit a Claim Form electronically on the Settlement Website. You could receive payment via Zelle, PayPal, Venmo, eMastercard, or ACH direct deposit. Cash payments claimed by mail will be sent as paper checks to the mailing address provided. Checks must be cashed within 90 days of receiving them.



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Signature

I affirm under the laws of the State of California that the information supplied in this Claim Form is true and correct to the best of my knowledge and any documents I submitted in support of my claim are true and correct copies of original documentation.

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

Signature: _____

Date: ____/____/____
MM DD YYYY

Print Name: _____

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