

DT9 Settlement Administrator
P.O. Box 43271
Providence, RI 02940-3271



DT9

Paras v. Dental Care Alliance, LLC
STATE COURT OF
FULTON COUNTY, GEORGIA
Case No. 22-ev-000181

**Must Be Postmarked
By August 25, 2022**

DENTAL CARE ALLIANCE SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if: (1) you received notice of the data security incident announced by Dental Care Alliance, LLC (“DCA”) on or after October 2020 (the “Data Incident”), or if you were a patient or employee of DCA or one of its allied dental practices before October 2020 and have reason to believe you may have been affected by the Data Incident; *and* (2) you have documented expenses, monetary losses, or time spent as a result of the Data Incident. If you complete and timely submit this Claim Form and have a valid claim, you will be entitled to compensation if the Settlement is approved.

The Settlement Notice describes your legal rights and options. To obtain the Settlement Notice and find more information regarding your rights and options, please visit the official Settlement Website, www.DCAsettlement.com, or call toll-free 1-855-731-3544.

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, www.DCAsettlement.com, and follow the instructions on the “Submit a Claim” page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to DT9 Settlement Administrator, P.O. Box 43271, Providence, RI 02940-3271, postmarked by August 25, 2022. Please print clearly in blue or black ink.

1. CLASS MEMBER INFORMATION

Required Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>		
Street Address (continued)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code
<input type="text"/>		
Country		
<input type="text"/>	<input type="text"/>	
Phone		
<input type="text"/>		
Email		



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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2. SETTLEMENT ELIGIBILITY INFORMATION

To prepare for this section of the Claim Form, please review the Settlement Notice and Sections 2.1 through 2.2.7 of the Settlement Agreement (available for download at www.DCAsettlement.com) for more information on who is eligible for a payment, the nature of the expenses or losses that can be claimed, the limits on the claimed amounts, and other relevant terms and conditions.

To help us determine if you are eligible to receive benefits under the Settlement, please provide as much information as reasonably possible.

A. Verification of Class Membership

You are eligible to file a claim only if you received notice of the Settlement by postcard, email, or other media publication *and* your personal information was involved in the Data Incident.

By submitting a claim and signing the certification below, you are verifying that you believe you are or may be a member of the Settlement Class and that you in fact incurred the expenses and/or monetary losses, and spent the time, identified below as a result of the Data Incident for which you have not been reimbursed.

To allow the Claims Administrator to confirm your membership in the Settlement Class, in the boxes below you must provide a response to **ONE** of the following:

(1) If you received notice of the Settlement by postcard or email, in the boxes below, please provide the unique Claim ID printed on that notice:

CLAIM ID

OR

(2) If you did *not* receive a postcard or email notifying you of the Settlement, but you were a patient or employee of DCA or one of its allied dental practices before October 2020 and have reason to believe you may have been affected by the Data Incident, please complete the following fields:

Name (at time of treatment or employment)

M.I.

Last Name

- I was a patient of a DCA allied dental practice before October 2020
- I was an employee of DCA or one of its allied dental practices before October 2020

-

Approximate timeframe during which I was a patient or employee

City in which I worked or received dental treatment

State

ZIP Code

Physical location where I worked or received dental treatment

Name of dental practice where I worked or received treatment



B. Claim For *Identity Guard* Activation Code

Complete this section B only if you did **not** receive notice of the Settlement by postcard.

DCA has agreed to provide all Settlement Class members with two years of the identity and financial asset protection service known as *Identity Guard*. If you received notice of the Settlement by postcard or email, your *Identity Guard* activation code is printed on the postcard or email. If you did not receive notice of the Settlement by postcard or email, fill in the circle below. If you are confirmed as a member of the Settlement Class and the Settlement is approved by the court, you will be emailed an activation code to enroll in two years of *Identity Guard* at no cost to you.

I request an *Identity Guard* activation code

C. Out-of-Pocket Expenses, Monetary Losses, and Time Spent on the Data Incident

DCA will provide compensation for unreimbursed expenses, including credit monitoring, monetary losses, and time spent responding to the Data Incident upon submission of a valid claim and supporting documentation. Fill in the circle for each category of out-of-pocket expense, monetary loss, and lost time that you incurred as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and attach the required documentation (if you are asked to provide account statements as proof for any part of your claim, you should redact unrelated transactions and all but the last four digits of any account number, if you wish). Supporting documentation may not be “self-prepared.” Failure to provide the required documentation will result in denial of the claim.

NOTE: Claims by members of the Settlement Subclass are subject to a \$5,000 cap per individual. Claims by any other member of the Settlement Class are subject to a \$2,000 cap per individual.

Out-of-pocket expenses incurred as a result of the Data Incident

Date	Description	Dollar Amount

Examples: Bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.

Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the last four digits of any account number).

Fees for credit reports, credit monitoring, or other identity theft insurance product

To be eligible for reimbursement under this category, (1) the credit report, credit monitoring, or other identity theft insurance product must have been purchased in the name of the claimant identified above between December 10, 2020 and April 27, 2022, and (2) you must complete the chart below and provide the required documentation.

Date	Description	Dollar Amount

Required: Attach a copy of a bank or credit card statement or other receipt showing these fees (you may redact unrelated transactions and all but the last four digits of any account number).



Monetary losses incurred as a result of the Data Incident

To obtain compensation for unreimbursed monetary losses under this category, you must (1) provide the requested detail about the expense for which reimbursement is sought, (2) upload the required documentation, and (3) respond to the three questions below to the best of your ability.

Date	Description	Dollar Amount

Examples: Unreimbursed expenses that you had to pay and fraudulent charges that were made on your credit or debit card accounts that were not reversed or repaid even though you reported them to your bank or credit card company. *Note: most banks are required to reimburse customers in full for fraudulent charges on payment cards that they issue.*

Required: Describe the expense and provide as much detail as possible about the date you incurred the expense(s) and the company or person to whom you had to pay it. For unauthorized charges on your credit or bank accounts, please provide the credit or bank statement or other documentation reflecting the fraudulent charges, and documentation reflecting the fact that the charge was fraudulent (you should redact unrelated transactions and all but the last four digits of any account number). If you do not have anything in writing reflecting the fact that the charge was fraudulent, please identify the approximate date that you reported the fraudulent charge, to whom you reported it, and the response. Submit copies of any receipts, police reports, or other documentation supporting your claim. The Claims Administrator may contact you for more information.

On what date did you report the expense or charge?

To whom did you report the expense or charge and what was the response?

Why do you believe the claimed loss was more likely than not caused by the Data Incident?

Time spent responding to the Data Incident

To obtain compensation for lost time under this category, you must (1) fill in the appropriate circle for the amount of time you are claiming, (2) provide a written description in the field below of how the claimed lost time was spent, and (3) attest subject to penalty of perjury that all claimed time was spent related to the Data Incident. At least one full hour must have been spent dealing with the Data Incident. The time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed. Round to the nearest hour and fill in only one circle. Valid claims will be reimbursed at a rate of \$20 per hour, subject to the terms and conditions of the Settlement Agreement.

NOTE: All Settlement Class Members may seek reimbursement for up to two hours of lost time. Settlement Subclass Members may seek reimbursement for an additional two hours (for a total of four hours) of time spent related to the Data Incident that is supported by reasonable documentation.

1 Hour

2 Hours

3 Hours

4 Hours



Description

Describe how (*i.e.*, on what activities) you spent the claimed lost time.

Attestation

- I attest, subject to the penalty of perjury, that I spent the claimed amount of time on the Data Incident, as described above.

Supporting Documentation

Required only for members of the Settlement Subclass who are seeking reimbursement for hours three and four of time spent on the Data Incident. For example, employment records showing time off of work to deal with the Data Incident.

D. Method of Payment

Please select a method of payment:

- PayPal Zelle Check

For PayPal and Zelle only, enter the email address for your account:

E. Certification

I declare under penalty of perjury under the laws of the United States and the State of _____ that the information supplied in this Claim Form by the undersigned is true and correct to the best of my belief and recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator or Claims Referee before my claim will be considered complete and valid.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

F. Submission Instructions

After you have completed all applicable sections, you may submit this Claim Form online at www.DCAsettlement.com or mail a copy of it and all required supporting documentation to the address provided below, postmarked by August 25, 2022.

DT9 Settlement Administrator

P.O. Box 43271

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Questions? Call 1-855-731-3544 or visit www.DCAsettlement.com



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