Your claim must be submitted online or postmarked by:

JANUARY 18, 2027

CLAIM FORM FOR HAWAI'I RADIOLOGIC ASSOCIATES DATA INCIDENT SETTLEMENT

Satake, et al. v. Hawai'i Radiologic Associates, Ltd.
Case No. 3CCV-24-422
Third Circuit Court of Hawai'i

Hawai'iRadiologic Associates Data Incident

USE THIS CLAIM FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR SETTLEMENT BENEFITS

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The Court has defined the Settlement Class as "all living individuals in the United States whose Private Information was potentially compromised in the Data Incident, including all individuals who were mailed notice of the Data Incident by the Defendant.

Excluded from the Settlement Class are (a) all persons who are directors and officers of Defendant; (b) governmental entities; (c) the Judge(s) assigned to the Action, the Judge's immediate family, and Court staff; and (d) any Settlement Class Member who timely and properly opt-out of the Settlement.

Please read the Claim Form carefully and answer all questions. Failure to provide required information could result in a denial of your Claim.

This Claim Form may be submitted electronically via the Settlement Website at **www.HawaiiRadiologicDataIncident.com** or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Hawai'i Radiologic Associates Data Incident
c/o Analytics Consulting LLC
PO Box 2009
Chanhassen, MN 55317-2009

Please refer to the Long-Form Notice posted on the Settlement Website www.HawaiiRadiologicDataIncident.com, for more information on submitting a Claim Form and for information on the aggregate cap on claims.

To receive any Settlement benefits, you must submit the Claim Form below by January 18, 2027.

SUMMARY OF SETTLEMENT BENEFITS

Cash Payments

Settlement Class Members may submit a Claim to receive one of three types of Cash Payments.

- **Cash Payment A – Documented Extraordinary Losses.** Settlement Class Members may submit a Claim for a Cash Payment of up to $4,000 for reimbursement of documented extraordinary losses or expenses from identity theft or fraud reasonably related to the Data Incident. To receive this payment a Settlement Class Member must submit reasonable documentation supporting the claimed losses, which means documentation contemporaneously generated or prepared by a third party supporting a claim for losses incurred, time spent, or expenses paid. Expenses are not reimbursable if they have been reimbursed by another source.
- **Cash Payment B – Documented Ordinary Losses.** Settlement Class Members may submit a Claim for a Cash Payment of up to $100 for reimbursement of documented ordinary losses or expenses reasonably related to the Data Incident. To receive this payment a Settlement Class Member must submit reasonable documentation supporting the claimed losses, which means documentation generated or prepared by a third party supporting a claim for losses incurred, time spent, or expenses paid. Expenses are not reimbursable if they have been reimbursed by another source.

- **Cash Payment C – Alternate Cash.** As an alternative to Cash Payment A – Documented Extraordinary Losses or Cash Payment B – Documented Ordinary Losses above, Settlement Class Members may elect to receive Cash Payment C – Alternate Cash, which is a flat-cash payment of $45.

  The aggregate cap on monetary benefits payable for Cash Payments is $450,000. If the total value of Valid Claims for Cash Payments exceeds $450,000, Cash Payments shall be reduced on a *pro rata* basis.

Medical Data Monitoring

In addition to a Cash Payment, Settlement Class Members may also make a Claim for two years of CyEx's Medical Shield Complete Medical Data Monitoring.

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

First Name | Last Name

Street Address

City | State | Zip Code

Email Address (*Optional*) | Telephone Number

II. PROOF OF SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify that you are a member of the Settlement Class (All living individuals in the United States whose Private Information was potentially compromised in the Data Incident, including all individuals who were mailed notice of the Data Incident by the Defendant).

Enter the Claim Number and PIN provided on your Postcard Notice:

Claim Number

PIN

III. MEDICAL DATA MONITORING

☐ Check this box if you wish to receive for two years of CyEx's Medical Shield Complete Medical Data Monitoring product.

IV. CASH PAYMENT A – DOCUMENTED EXTRAORDINARY LOSSES

☐ Check this box if you would like to claim reimbursement for documented extraordinary losses due to identity theft or fraud. You can get back up to $4,000.00.

Please complete the table below, describing your losses and the supporting documentation you are submitting.

Description of Documentation Provided	Amount
Example: Unauthorized bank transfer	*$500*
TOTAL CLAIMED:	

If you have more expenses than rows available, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

YOU MUST SUBMIT DOCUMENTATION OF THE IDENTITY THEFT AND YOUR EXTRAORDINARY LOSS EXPENSES.

Examples of Supporting Documentation of Loss: Bank statements, credit card statements, letters from the IRS or other tax authorities, letters from state unemployment agencies, and police reports.

V. CASH PAYMENT B – DOCUMENTED ORDINARY LOSSES

☐ Check this box if you would like to claim reimbursement for documented ordinary losses reasonably related to the Data Incident. You can get back up to $100.00.

Please complete the table below, describing your losses and the supporting documentation you are submitting.

Description of Documentation Provided	Amount
Example: Postage Fees	*$8*
TOTAL CLAIMED:	

If you have more expenses than rows available, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

VI. CASH PAYMENT C – ALTERNATE CASH

☐ Check this box if you would like to receive an Alternate Cash payment of $45.00.

Do not check this box if you are making a claim under section V or section VI.

VII. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, 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 can be deemed complete and valid.

_____	_____	_____
Signature	Printed Name	Date Signed