

**Your claim must be  
submitted online or  
postmarked by:  
JUNE 4, 2025**

*Jeanette Coniglio et al. v. CareNet Medical Group, P.C.*  
In the Superior Court of Schenectady County, New York

## CLAIM FORM

### GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits.

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are an individual residing in the United States whose Personal Information was compromised in the Data Breach experienced by CareNet in or around May 2022 to June 2022, including all those who received notice of the breach.

Excluded from the Settlement Class are (i) CareNet, its officers and directors; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) any judges assigned to this case and their staff and family; and (iv) any other person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Security Incident or who pleads nolo contendere to any such charge.

You have two benefit options if you choose to remain in the class and submit a claim form. You may select either:

**(1) Credit Monitoring and Compensation for Losses:** You may submit a claim form for (a) 3 years of Credit Monitoring Services through CyEx; (b) Unreimbursed Ordinary Loss, up to \$500 per claimant; (c) Lost Time, compensated at \$25 per hour for up to 4 hours (for a total of \$100, also subject to the \$500 cap on Ordinary Losses); (d) Extraordinary Losses, up to \$5,000 per claimant. *Note: Other than the Credit Monitoring Services, additional information or supporting documentation will be requested on your claim form for each of the Loss Compensation categories listed above. See below for further details.*

**OR**

**(2) Alternative Cash Payment:** Instead of Option 1, you may choose a one-time cash payment of \$50. *Note: No additional information or documentation is needed, except for selecting this option on your claim form.*

**Credit Monitoring Services.** You may submit a claim for 3 years of Credit Monitoring Services, provided through CyEx, which includes monitoring and at least \$1,000,000 in identity theft insurance.

**Ordinary Losses:** You may submit a claim for up to \$500.00 in Ordinary Losses. Ordinary Losses must be supported with documentation. Examples include (without limitation): 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; and fees for credit reports, credit monitoring, or identity insurance purchased between May 9, 2022 and June 4, 2025.

**Lost Time Claims:** You may submit a claim for reimbursement for up to four (4) hours of time spent addressing the Data Breach, at \$25 per hour. You must attest on the claim form that the activities were related to the Data Breach. Lost Time claims are subject to the \$500 cap for Ordinary Losses, meaning the combined total for both Ordinary Losses and Lost Time cannot exceed \$500.

**Unreimbursed Extraordinary Losses:** You may submit a claim for up to \$5,000 in unreimbursed extraordinary losses. To qualify as an unreimbursed extraordinary loss, the loss must (i) be an actual, documented, and unreimbursed monetary loss; (ii) be more likely than not caused by the Data Security Incident; (iii) have been incurred after May 9,

QUESTIONS? VISIT [WWW.CNDATASETTLEMENT.COM](http://WWW.CNDATASETTLEMENT.COM) OR CALL TOLL-FREE 1-877-979-7115

**Your claim must be  
submitted online or  
postmarked by:  
JUNE 4, 2025**

*Jeanette Coniglio et al. v. CareNet Medical Group, P.C.*  
In the Superior Court of Schenectady County, New York

## CLAIM FORM

2022 (the date of the Data Security Incident); (iv) not be covered by any other reimbursement categories described here; and (v) you must have made reasonable efforts to avoid or seek reimbursement for the loss, including exhausting available credit monitoring and/or identity theft insurance. You must submit documents supporting any claims for extraordinary losses.

This Claim Form may be submitted electronically *via* the Settlement Website at [www.CNDataSettlement.com](http://www.CNDataSettlement.com) or completed and mailed, including any supporting documentation, to: CareNet Data Settlement, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479.

### I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

**First Name**

**Last Name**

**Street Address**

**City**

**State**

**Zip Code**

**Email Address**

**Telephone Number**

**Notice ID, if known**

### II. UNREIMBURSED ORDINARY LOSS SELECTION

☐ Check this box if you are seeking compensation for **Unreimbursed Ordinary Losses** up to a total of \$500.

**You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

*Complete the chart below describing the supporting documentation you are submitting.*

Description	Amount
Example: Receipt for postage to credit bureaus	\$100

QUESTIONS? VISIT [WWW.CNDATASETTLEMENT.COM](http://WWW.CNDATASETTLEMENT.COM) OR CALL TOLL-FREE 1-877-979-7115

**Your claim must be  
submitted online or  
postmarked by:  
JUNE 4, 2025**

*Jeanette Coniglio et al. v. CareNet Medical Group, P.C.*  
In the Superior Court of Schenectady County, New York

## CLAIM FORM

<b>TOTAL AMOUNT CLAIMED:</b>	

### III. LOST TIME SELECTION

- ☐ Check this box if you spent time monitoring accounts or otherwise dealing with issues related to the Data Breach. You can submit a claim for reimbursement of \$25 per hour up to 4 hours (for a total of \$100, subject to the \$500.00 cap for Unreimbursed Ordinary Losses).

By checking the box above, you are attesting the activities you performed were related to the Data Breach.

Indicate the number of hours spent: ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours or ☐ 4 Hours

### IV. UNREIMBURSED EXTRAORDINARY LOSSES

- ☐ Check this box if you are requesting compensation for **Extraordinary Losses** up to a total of \$5,000.

**\*You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

*Complete the chart below describing the supporting documentation you are submitting.*

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>
<b>TOTAL AMOUNT CLAIMED:</b>	

### V. CREDIT MONITORING SERVICES

- ☐ Check this box if you wish to enroll in 3 years of Credit Monitoring Services provided by CyEx, which includes \$1,000,000 in identity theft insurance.

**Your claim must be  
submitted online or  
postmarked by:  
JUNE 4, 2025**

*Jeanette Coniglio et al. v. CareNet Medical Group, P.C.*  
In the Superior Court of Schenectady County, New York

## CLAIM FORM

### VI. ALTERNATIVE CASH PAYMENT

- ☐ Check this box if you are requesting a cash payment of \$50 in the alternative to claiming Ordinary Losses, Lost Time, Extraordinary Losses, or Credit Monitoring.

**NOTE: The alternative cash payment cannot be combined with claims for reimbursement of Ordinary Losses, Extraordinary Losses, Lost Time, or Credit Monitoring Services and by checking the box, you will forfeit any other claim for compensation included in this Claim Form.**

### VII. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a Settlement payment:

- ☐ **PayPal**
- ☐ **Venmo**
- ☐ **Zelle**
- ☐ **Virtual Prepaid Card**
- ☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

Once the Settlement is approved, if you are eligible for payment, you will receive an email advising you that your payment is ready. You will be prompted to enter your email address or mobile number associated with your PayPal, Venmo or Zelle account.

### VIII. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided 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