

**Your claim must  
be submitted  
online or  
postmarked by:  
[3/6/2026]**

***Tammy Brown, et al., v. Alabama Cardiology Group P.C.  
d/b/a Alabama Cardiovascular Group,  
Case No. 01-CV-2024-903135  
Circuit Court of Jefferson County, Alabama***

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**DATA INCIDENT SETTLEMENT CLAIM FORM**

**GENERAL INSTRUCTIONS**

**Who is eligible to file a Claim?** All Class Members may file a Claim. The court has defined the Class as: “all individuals residing in the United States whose PHI and/or PII was compromised in the Data Breach discovered by Alabama Cardiology Group in July 2024, including all those individuals who received notice of the breach.”

**Excluded from the Settlement Class** are: (a) all persons who are directors, officers, and agents of Defendant, or its respective subsidiaries and affiliated companies; (b) governmental entities; and (c) the Judge(s) assigned to the Action and their immediate family, and Court staff.

**COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR BOTH OF THE FOLLOWING SETTLEMENT BENEFITS.**

**AVAILABLE BENEFITS**

Alabama Cardiology Group, P.C. d/b/a Alabama Cardiovascular Group (“ACG”), will pay for three benefits. You are not limited to one benefit. You may file a Claim for each benefit that you qualify for.

**BENEFITS**

**Credit Monitoring and Insurance Services (“CMIS”).** All Class Members are eligible to receive two (2) years of Credit Monitoring and Insurance Services, specifically CyEx Medical Shield Complete, and includes the following features:

- (1) real time monitoring of the credit file at one bureau;
- (2) dark web scanning with immediate notification of potential unauthorized use;
- (3) comprehensive public record monitoring;
- (4) identity theft insurance (no deductible) up to \$1,000,000.00; and
- (5) access to fraud resolution agents to help investigate and resolve instances of identity theft.

**Documented Losses.** If you incurred actual, documented out-of-pocket losses due to the Data Breach, you may file a Claim for reimbursement. The maximum amount of this reimbursement is \$5,000.00.

You must provide documentation and an attestation under penalty of perjury related to the Data Breach.

This benefit covers out-of-pocket expenses like:

- (1) unreimbursed losses relating to fraud or identity theft;
- (2) professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services;
- (3) costs associated with freezing or unfreezing credit with any credit reporting agency;
- (4) credit monitoring costs that were incurred on or after mailing of the notice of the cybersecurity incident, through the date of claim submission; and
- (5) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges;

**Questions? Call 1-855-359-2114 Toll-Free or Visit [www.AlabamaCardioDataSettlement.com](http://www.AlabamaCardioDataSettlement.com)**

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You must submit documentation, such as receipts, to verify the costs you incurred. You may submit “self-prepared” documents to clarify or support other submitted documentation, but self-prepared documents by themselves are not sufficient to file a valid claim.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: [info@AlabamaCardioDataSettlement.com](mailto:info@AlabamaCardioDataSettlement.com)
- Call toll free, 24/7: 1-855-359-2114
- By mail: Alabama Cardiovascular Group Data Incident Settlement c/o Settlement Administrator, P.O. Box 5229, Baton Rouge, LA 70821.

**Cash Fund Payment.** In the alternative to the Documented Loss Payment, Class Members may submit a claim to receive a *pro rata* Settlement Payment in cash.

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT  
[www.AlabamaCardioDataSettlement.com](http://www.AlabamaCardioDataSettlement.com)**

You may also print out and complete this Claim Form, and submit it by U.S. mail to:

ACG Data Incident Settlement  
c/o Settlement Administrator  
P.O. Box 5229  
Baton Rouge, LA 70821

The completed Claim Form can also be submitted by email to [info@AlabamaCardioDataSettlement.com](mailto:info@AlabamaCardioDataSettlement.com).

The deadline to submit a Claim Form online or by email is **March 6, 2026**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than **March 6, 2026**.

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**DATA INCIDENT SETTLEMENT CLAIM FORM**

**I. 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. All fields are required.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID (if known)

**II. CREDIT MONITORING AND INSURANCE SERVICES (AVAILABLE TO ALL CLASS MEMBERS)**

- ☐ Check this box if you would like to receive two (2) years of credit monitoring by CyEx Medical Shield Complete.

**III. DOCUMENTED LOSSES**

- ☐ Check this box if you are claiming reimbursement for **documented** out-of-pocket losses that were incurred as a result of the Data Incident. **You must submit supporting documentation.** You may submit “self-prepared” documents to add clarity or support other submitted documentation, but self-prepared documents by themselves are **not sufficient** to file a valid claim.

The maximum amount for this reimbursement is \$5,000.00 per Class Member.

*Please complete this table, describing the supporting documentation you are submitting.*

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Overdraft fees</i>	<i>\$40</i>

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<b>TOTAL OUT-OF-POCKET LOSSES:</b>	

If you have more expenses than rows, 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.

\* If your request for documented losses is denied, you will receive the Cash Fund Payment.

**IV. CASH FUND PAYMENT**

☐ Check this box if you are claiming the *pro rata* cash payment and did *not* request to receive reimbursement for Documented Losses.

**V. PAYMENT SELECTION**

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

**Check one:** ☐ Paypal ☐ Venmo ☐ Zelle ☐ Virtual Prepaid Card ☐ Check (sent to Sec. I address)

Mobile Number/Email Address (**REQUIRED**):

\*Please provide the mobile number or email address associated with your PayPal, Venmo or Zelle account, or an email address for the Virtual Prepaid card.

**VI. ATTESTATION & SIGNATURE**

I swear and affirm 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

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