

IvyRehab Settlement Administrator
P.O. Box 3546
Portland, OR 97208-3546

**Your Claim Form Must Be Submitted
On or Before January 21, 2021**

Baksh et al. v. IvyRehab Network, Inc.
United States District Court for the Southern District of New York, White Plains Division
(Case No. 7:20-cv-01845)

Claim Form

This Claim Form should be filled out online or submitted by mail if you are an individual who utilized IvyRehab’s services and your private information was maintained on IvyRehab’s system, which was compromised in a cybersecurity incident announced by IvyRehab on or about November 26, 2019 (the “Data Incident”), and you wish to sign up for credit monitoring services or had out-of-pocket expenses or lost time spent directly dealing with the Data Incident. You may get a check if you fill out this Claim Form, the Settlement is approved, and you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement administration website, www.IvyRehabSettlement.com, or call (888) 490-0716 for more information.

If you wish to submit a claim for a Settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by January 21, 2021.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW, AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT www.IvyRehabSettlement.com.

1. CLASS MEMBER INFORMATION

First Name*	MI	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Address*		
<input type="text"/>		
Apt/Floor/Suite		
<input type="text"/>		
City*	State*	ZIP Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email (optional)		
<input type="text"/>		
Current Phone Number	Unique ID*	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

If your current address is outside the United States, please complete this Claim Form online at www.IvyRehabSettlement.com and select the checkbox on the Class Member Information page that says, “Please check if this is a non-U.S. address”.

2. CREDIT MONITORING SERVICES

Please review the Notice and paragraph 3 of the Settlement Agreement (available at www.IvyRehabSettlement.com) for more information on who is eligible for 12-months of credit monitoring services, issued through Equifax.

Send me my activation code so I can enroll in credit monitoring services.

3. PAYMENT ELIGIBILITY INFORMATION

Please review the Notice and paragraph 3 of the Settlement Agreement for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of expenses or lost time 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 to attach documentation of the charges as described in bold type. (If you are asked to provide account statements for any part of your claim, you may mark out any unrelated transactions if you wish). Please note that recovery is limited to \$75 per person, and any claims made will be reduced pro rata if total aggregate claims of all Class Members exceed \$150,000.

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

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

Total amount for this category: \$.

If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred.

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Reimbursement of fees paid for services or products purchased as a result of the Data incident

Examples – fees for credit reports, credit monitoring, or other identity theft insurance products purchased between September 1, 2019, and September 23, 2020.

Total amount for this category: \$.

If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred.

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Time reimbursement for at least one full hour of time spent exclusively dealing with the Data Incident

Examples – at least one full hour contacting your bank, implementing credit monitoring, and/or checking your statements as a result of the Data Incident. Recovery for this category is paid out at \$20.

Total number of hours claimed:

If the time was spent online or on the telephone, briefly describe what you did or attach a copy of any letters or emails you wrote. If the time spent related to your medical records or treatment, briefly describe what you did.

4. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my 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 before my claim will be considered complete and valid.

Signature:

Date:

MM
DD
YYYY

Print Name

5. REMINDER CHECKLIST

1. Keep copies of your completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement administration website at www.IvyRehabSettlement.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Unique ID and your phone number in case we need to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please visit the Settlement administration website at www.IvyRehabSettlement.com and provide these documents by completing the Secure Contact Form.
4. For more information, please visit the Settlement administration website at www.IvyRehabSettlement.com or call the Settlement Administrator at (888) 490-0716. Please do not call the Court or the Clerk of the Court for additional information.