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Covington v Gifted Nurses c/o Kroll Settlement Administration P.O. Box 225391 New York, NY 10150-5391	<b>ALL CLAIM FORMS MUST BE SUBMITTED NOT LATER THAN SEPTEMBER 16, 2024</b>
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**The DEADLINE  
to submit or mail this  
Claim Form is:  
September 16, 2024**

*Covington v. Gifted Nurses, LLC d/b/a Gifted Healthcare*  
United States District Court for the Northern District of Georgia

For Office Use Only

**CLAIM FORM**

This Claim Form should be filled out online or submitted by mail if you are an individual who was notified of the Data Incident by letter from Gifted Nurses, LLC d/b/a Gifted Healthcare, and you wish to sign up for credit monitoring and Identity Theft Protection Services, had out-of-pocket expenses or lost time spent dealing with the Data Incident, or wish to receive an Alternative Cash Payment. You may get a check if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment.

The Detailed notice describes your legal rights and options. Please visit the official Settlement Website, [www.GiftedNursesDataBreachSettlement.com](http://www.GiftedNursesDataBreachSettlement.com) or call (833)425-4872 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 **September 16, 2024**. Alternatively, you may submit a claim using the online form located on the Settlement Website listed above.

**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.**



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**1. Class Member Information**

\_\_\_\_\_  
First Name MI Last Name Suffix

\_\_\_\_\_  
Mailing Address: Street Address/P.O Box (include Apartment/Suite/Floor Number)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Current E-mail Address (Optional) @

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Current Phone Number (Required)

Settlement Claim ID (required): **83210**\_\_\_\_\_

**2. Identity Theft Protections Services**

**Three years of Identity Theft Protection Services**

Check the box above if you wish to receive three years of credit monitoring and Identity Theft Protection Services (including \$1,000,000 in identity theft insurance) at no cost to you. If your claim is approved you will receive an activation for the service by mail or email, along with instructions on how to activate the service. If you select this benefit, you may also claim reimbursement for Ordinary Losses, Extraordinary Losses, and Lost Time.

**3. Payment of Ordinary Losses, Extraordinary Losses, and Lost Time**

Please provide as much information as you can to help us figure out if you are entitled to a Settlement payment.

**PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box for each category of out-of-pocket expenses or 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 to attach documentation as described (if you provide account statements as part of proof for any part of your claim, you may mark out any unrelated transactions if you wish).

**Lost Time attributable to the Data Incident**

Settlement Class Members may make a claim for self-certified time spent related to the effects or potential effects of the Data Incident. Each Settlement Class Member may claim up to \$80 of Lost Time (calculated at \$20/hour, up to 4 hours) by simply attesting to the fact that they expended such time and describing how the time was spent.

I spent this many hours of time related to the Data Incident: \_\_\_\_\_ (round to the nearest 0.1 (6 minutes)).

Briefly describe how you spent that time in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Ordinary Losses fairly traceable to the Data Incident**

Class Members may make a claim for documented Ordinary Losses related to the Data Incident, up to a maximum amount of \$400.

“Ordinary Losses” means the following out-of-pocket expenses fairly traceable to the Data Incident: (i) 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), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; and (ii) fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between the date of the Data Incident and **September 16, 2024**.

Total amount claimed for this category: \$ \_\_\_\_\_ . \_\_\_\_\_ (maximum \$400)

Please describe the categories of Ordinary Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:

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**Extraordinary Losses fairly traceable to the Data Incident**

Class Members may make a claim for documented Extraordinary Losses related to the Data Incident, up to a maximum amount of \$4,000.

“Extraordinary Losses” means unreimbursed costs or expenditures (other than Ordinary Losses) incurred and fairly traceable to the Data Incident. Extraordinary Losses include, without limitation, the unreimbursed costs, expenses, losses or charges incurred a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of information compromised in the Data Incident, and including accountant’s fees related to any credit freezes.

Total amount claimed for this category: \$ \_\_\_\_\_ . \_\_\_\_\_ (maximum \$4,000)

Please describe the categories of Extraordinary Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:

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You must represent under penalty of perjury that the losses relating to the claim are true and accurate.

I declare under penalty of perjury that the information supplied for Extraordinary Losses is true and correct to the best of my recollection.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature** **Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Print Name**



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**4. Alternative Cash Payment**

**\$50 Alternative Cash Payment. (If You Check This Box You Will Not Receive Any Settlement Benefits Other Than a \$50.00 Payment).**

Check the box above if, in lieu of all of the other benefits under numbers 2 and 3 above, you instead wish to receive a cash payment of \$50. If you choose this Alternative Cash Payment you cannot also choose to receive Identity Theft Protection Services and you cannot choose to receive reimbursement for Lost Time, Ordinary Losses, or Extraordinary Losses.

**5. Sign and Date Your Claim Form**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name

**6. Reminder Checklist**

- Keep copies of the completed Claim Form and documentation for your own records.
- If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement Website at **www.GiftedNursesDataBreachSettlement.com** and complete the Contact Us form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
- Please do not provide any sensitive documents that may contain personal information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, please contact the Settlement Administrator.

For more information, please visit the Settlement Website at **www.GiftedNursesDataBreachSettlement.com**, or call the Settlement Administrator at **(833)425-4872**. Please do not call the Court or the Clerk of the Court for additional information.