

Albany ENT Data Incident Claims Administrator  
P.O. Box 4387  
Baton Rouge, LA 70821

**Your Claim Form Must Be Postmarked  
By October 23, 2024**

## ***Woods, et al. v. Albany ENT & Allergy Services, P.C.***

Supreme Court of New York, Albany County, Index No. 904730-23

### **Claim Form**

This Claim Form should be filled out if you received a Notice of a Security Incident from Albany ENT & Allergy Services P.C. ("AENT") concerning the cybersecurity incident that occurred when ransomware groups attacked AENT's computer systems and obtained patient and employee information from AENT's systems. The impacted files may include, but are not limited to, names, dates of birth, social security numbers, patient charts, and other medical treatment information.

As a Settlement Class Member, you have the option to choose from three benefits. You may select either (a) Extraordinary Out-of-Pocket Losses or the (b) Alternative Cash Payment as your monetary benefit. Additionally, you may choose to add (c) Credit Monitoring and Identity Theft Protection to your monetary benefit selection. Alternatively, you may select Credit Monitoring and Identity Theft Protection as your sole benefit.

- **(a) Extraordinary Out-Of-Pocket Expenses:** Up to \$7,500 in documented Out-of-Pocket Losses and lost time reimbursement. Settlement Class members who suffered Extraordinary Out-of-Pocket Losses because of the Security Incident, and can provide supporting documentation, will be eligible for a payment of the proven amount of loss up to seven thousand five dollars (\$7,500.00). Extraordinary Out-of-Pocket Losses eligible for reimbursement must have been incurred between March 27, 2023 and October 23, 2024.
- **(b) Alternative Cash Payment:** Settlement Class Members may receive a one-time cash payment of \$50. As an alternative to seeking reimbursement for Extraordinary Out-of-Pocket Losses, Settlement Class Members may receive a one-time cash payment of \$50.
- **(c) Credit Monitoring and Identity Theft Protection**  
In addition to one of the monetary benefits described above, Settlement Class Members may claim two (2) years of three-bureau credit monitoring and identity theft protection services.

This Claim Form may be submitted electronically via the Settlement Website at [www.AENTSettlement.com](http://www.AENTSettlement.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:

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### **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*	
_____			
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*			
_____		_____	_____
City*		State*	Zip Code*
_____			
Email Address*			
_____		_____	
Telephone Number*		Settlement Claim ID*	

## **II. EXTRAORDINARY OUT-OF-POCKET LOSSES UP TO \$7,500.**

Check this box if you incurred Extraordinary Out-of-Pocket Losses as a result of the Security Incident.

Settlement Class Members are eligible for any documented and attested to Out-of-Pocket expenses directly associated with dealing with the Security Incident which occurred between March and April 2023, up to a total of \$7,500.00 per Settlement Class Member, upon submission of a valid Claim Form and supporting documentation.

Extraordinary Out-of-Pocket Losses included but not limited to: (i) unreimbursed expenses, charges and/or losses relating to fraud or identity theft; (ii) other fees for credit repair or similar services; (iii) and costs associated with freezing or unfreezing credit.

To receive reimbursement for extraordinary out-of-pocket losses, Settlement Class Members must submit a Valid Claim, including necessary supporting documentation, to the Claims Administrator. Reimbursement for out-of-pocket expenses is subject to the following terms: (1) the loss is an actual, documented, and unreimbursed monetary loss; (2) the loss was more likely than not caused by the Security Incident; and (3) the loss occurred between March 27, 2023, and October 23, 2024.

Total amount claimed for this category: \$  .

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

## **III. ALTERNATIVE CASH PAYMENT.**

Check this box if you wish to receive the Alternative Cash Payment.

As an alternative to seeking reimbursement of out-of-pocket losses, Settlement Class Members may receive a one-time cash payment of \$50.00.

## **IV. CREDIT MONITORING AND IDENTITY THEFT PROTECTION**

Check this box if you wish to receive Credit Monitoring and Identity Theft Protection.

Settlement Class Members, regardless of whether they submit a claim for monetary benefits, may claim two (2) years of three-bureau credit monitoring and identity theft protection services. The identity theft monitoring will include: (i) real time monitoring of the credit file at all three credit bureaus (Experian, Equifax, and Transunion) for two years; (ii) dark web scanning with immediate notification of potential unauthorized use; (iii) comprehensive public record monitoring; (iv) medical identity monitoring; (iv) identity theft insurance of at least \$1 million (no deductible); and (v) access to fraud resolution agents to help investigate and resolve identity thefts.

## **V. ATTESTATION & SIGNATURE.**

I affirm that the information I have supplied in this Claim Form is true and correct to the best of my recollection, is being made under penalty of perjury, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

## **VI. REMINDER CHECKLIST**

1. Complete all sections of this Claim Form.
2. Sign and date the Claim Form in Section 2.
3. Enclose any Proof of Purchase documentation you may have.
4. Mail your completed Claim Form to the Class Administrator or submit your claim online at [www.AENTSettlement.com](http://www.AENTSettlement.com). Please
5. It is your responsibility to notify the Class Administrator of any changes to your contact information after the submission of your Claim Form. You can update your contact information at [www.AENTSettlement.com](http://www.AENTSettlement.com)