

# CLAIM FORM FOR AVEM SETTLEMENT

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF OKLAHOMA  
*Bingaman, et al. v. Avem Health Partners, Inc.*, Case No. CIV-23-130-SM

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**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR CREDIT MONITORING AND IDENTITY THEFT PROTECTION, REIMBURSEMENT OF TIME, OUT-OF-POCKET LOSSES AND EXPENSE REIMBURSEMENT, OR ALTERNATIVE CASH PAYMENT.**

**IF YOU WISH TO SUBMIT A CLAIM FOR SETTLEMENT BENEFITS, YOU MUST COMPLETE THE ONLINE FORM OR PROVIDE THE INFORMATION REQUESTED BELOW, SIGN, AND MAIL YOUR PAPER CLAIM FORM TO THE CLAIMS ADMINISTRATOR POSTMARKED BY MAY 25, 2024.**

## **GENERAL INSTRUCTIONS**

If Avem Health Partners, Inc. notified you of a Data Security Incident in or around December 2022, you may be entitled to benefits under a class action settlement using this claim form. This Claim Form may be filled out online at **[www.AvemSettlement.com](http://www.AvemSettlement.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:

*Avem Settlement Claims Administrator*  
P.O. Box 25232  
Santa Ana, CA 92799

Please complete the claim form for each category of benefits that you would like to claim. Categories include: (1) Credit Monitoring and Identity Theft Protection; (2) Reimbursement of Time Spent Responding to the Data Security Incident; (3) Out-of-Pocket Losses and Expense Reimbursement; and (4) Alternative Cash Payment. As noted below, please be sure to fill in the total amount you are claiming for each category and attach documentation where applicable.

**NOTE: YOU MUST SIGN THE CLAIM FORM AT THE BOTTOM OF THIS FORM IN ORDER TO HAVE A VALID CLAIM.**

If you wish to submit a claim for settlement benefits, you need to provide the information requested below and submit your claim form to the Settlement Administrator by **no later than May 25, 2024**.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

(Please visit [www.AvemSettlement.com](http://www.AvemSettlement.com) or call 1-866-604-5254 for more information on your legal rights and options.)

Si necesita ayuda en español, comuníquese con el administrador al 1-866-604-5254.

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## I. 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:

[illegible]

Last Name:

[illegible]

Address:

[illegible]

City:

[illegible]

State:

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ZIP Code:

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Email Address:

[illegible]

Phone Number:



## II. CREDIT MONITORING AND IDENTITY THEFT PROTECTION

To receive the credit monitoring and identity theft protection plan offered as part of the settlement, please check the box below:



I would like to claim three (3) years of credit monitoring and identity theft protection provided by Sontiq at no cost to me.

### III. REIMBURSEMENT OF TIME SPENT RESPONDING TO THE DATA SECURITY INCIDENT

To receive up to **\$125.00 in cash** for up to 5 hours of time responding to the Data Security Incident at a rate of \$25.00 per hour, provide the following:

I spent a total of  hours of time in response to or addressing issues related to the Data Security Incident. (Note: Provide time in half hour increments, i.e. 2.5 hours, 4.0 hours)

You **MUST** briefly describe how you spent your time responding to the Data Security Incident:

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#### IV. OUT-OF-POCKET LOSS AND EXPENSE REIMBURSEMENT

To receive up to **\$7,000.00** in reimbursement of out-of-pocket losses caused by, or expenses incurred as a result of, the Data Security Incident, please provide the following information:

Amount Requested: \$ \_\_\_\_\_.

Please briefly describe the out-of-pocket expenses and how they relate to the Data Security Incident:

Documentary proof **MUST** be submitted to support your exact claim amount. “Self-prepared” documents are, by themselves, insufficient.

## V. ALTERNATIVE CASH PAYMENT

In lieu of receiving a reimbursement for Out-of-Pocket Losses, reimbursement for Lost Time, and/or Credit Monitoring and Identity Theft Protection, you may elect to submit a claim for a one-time Alternative Cash Payment of **\$100.00, by signing and dating the lines below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VI. 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. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid and authorize the Settlement Administrator to contact me using the contact information set forth above to obtain any necessary supplemental information.

Print Name:

[illegible]

Signature:

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MM

DD

YY

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The deadline to submit this form is **May 25, 2024**.  
**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF SUBMISSION**

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