



795320000000

Your claim must be submitted online or postmarked by: June 10, 2024

CLAIM FORM FOR NORTHSTAR DATA INCIDENT

NORTHSTAR-C

Kemp v. NorthStar Emergency Medical Services, Inc.
Case No.: 63-CV-2023-900249.00
In the Circuit Court of Tuscaloosa County, Alabama

USE THIS FORM ONLY IF YOU ARE SETTLEMENT CLASS MEMBER

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as a Settlement Class Member who provided their personal data to NorthStar and were notified that their personal data may have been impacted as a result of the Data Incident. You may submit a claim for Settlement benefits, outlined below.

Please refer to the Long-Form Notice posted on the Settlement Website www.NSDataSettlement.com, for more information on submitting a Claim Form and information on the aggregate cap on claims.

To receive benefits for Out-of-Pocket Losses, Lost Time, or Cash Compensation, you must submit the Claim Form below by June 10, 2024.

This Claim Form may be submitted electronically *via* the Settlement Website at www.NSDataSettlement.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:

Kemp v. NorthStar EMS
c/o Kroll Settlement Administration LLC
PO Box 5324
New York, NY 10150-5324

You may submit a Claim for the following benefits:

Reimbursement Claims:

1) Compensation for Ordinary Losses: All Settlement Class Members are eligible to recover compensation for up to \$1,000 of their unreimbursed out-of-pocket expenses, that were incurred between March 14, 2023 and June 10, 2024, as a direct result of the Data Incident, including: documented 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), postage, gasoline for local travel, and bank fees, fees for credit reports, credit monitoring, or other identity theft insurance product all of which must be more likely than not attributable to the Data Incident, must not have been previously reimbursed or subject to reimbursement by insurance or a third party, and that are reasonably described and supported by an attestation under penalty of perjury, which is part of this Claim Form.

2) Compensation for Lost Time: Settlement Class Members may claim up to 5 hours of lost time, at \$20 an hour, if at least one hour of documented time was spent dealing with the Data Incident. All such lost time must be reasonably described and supported by an attestation under penalty of perjury that the time spent was reasonably incurred dealing with the Data Incident, but no documentation is required.

OR

3) Cash Compensation: In the alternative of reimbursement claims, Settlement Class Members may make a claim for a cash payment that is estimated to be approximately \$50, subject to pro rata increase or decrease of the Post-Loss Net Settlement Fund remaining after all payments for Compensation for Ordinary Losses and Compensation for Lost Time are made.

Questions? Go to www.NSDataSettlement.com or call (833) 383-6116.



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I. SETTLEMENT 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. If you would like to elect to receive your settlement payment through electronic transfer, please visit the website and timely file your Claim Form. The settlement website includes a step-by-step guide for you to complete the electronic payment option.

_____ **First Name** _____ **Last Name**

_____ **Address 1**

_____ **Address 2**

_____ **City** _____ **State** _____ **Zip Code**

Email Address (optional): _____ @ _____

Telephone Number: (_____) _____ - _____

II. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify that you are a Person who provided their personal data to Defendant NorthStar and were notified that their personal data may have been impacted as a result of the Data Incident.

Enter the Class Member ID Number provided on your postcard Notice or the last four digits of your Social Security Number:

Class Member ID : 7 9 5 3 2 _____

Social Security Number (last four digits only): _____

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All Settlement Class Members may claim up to 5 hours of lost time, at \$20 an hour, if at least one hour of documented time was spent dealing with the Data Incident, subject to an aggregate cap of \$1,000. All such lost time must be reasonably described and supported by an attestation under penalty of perjury that the time spent was reasonably incurred dealing with the Data Incident, but no documentation is required.

Hours claimed (up to 5 hours – check one box) 1 Hour 2 Hours 3 Hours 4 Hours 5 Hours

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident.

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Security Incident. Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here: _____

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IV. COMPENSATION FOR ORDINARY LOSSES

Settlement Class Members not selecting the cash payment of approximately \$50, may claim up to \$1000 by submitting a valid and timely Claim Form and reasonable supporting documentation for ordinary losses demonstrably incurred, more likely than not, as a result of the Data Incident. Ordinary losses can arise from the following categories:

- (i) Out of pocket expenses incurred as a direct result of the Data Incident, including but not limited to documented 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), postage, gasoline for local travel, and bank fees, all of which must be more likely than not attributable to the Data Incident, must not have been previously reimbursed or subject to reimbursement by insurance or a third party, and that are reasonably described and supported by an attestation under penalty of perjury, which will be a part of the claim form.
(ii) Fees for credit reports, credit monitoring, or other identity theft insurance product purchased between March 14, 2023, and June 10, 2024 that the claimant attests under penalty of perjury he/she incurred as a result of the Data Incident and not already paid for or reimbursed by a third party. All such fees must be supported by reasonable documentation substantiating the full extent of the amount claimed.

You must submit documentation to obtain this reimbursement.

I have attached documentation showing that the claimed losses were more likely than not caused by the Data Incident.

Table with 4 columns: Cost Type (Fill all that apply), Approximate Date of Loss (mm/dd/yy), Amount of Loss (\$), and Description of Supporting Reasonable Documentation (Identify what you are attaching and why). Includes an example row for Identity Theft Protection Service and three blank rows for additional entries.

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V. CASH COMPENSATION

By checking the below box, I choose a cash payment of \$50 in the alternative to Compensation for Losses and Compensation for Lost Time.

NOTE: YOU MAY NOT FILE FOR COMPENSTATION FOR ORDINARY LOSSES OR COMPENSATION LOST TIME IF YOU ARE FILING FOR THE CASH COMPENSATION IN THIS SECTION.

Yes, I choose a cash payment of \$50 in the alternative of reimbursement claims, subject to pro rata increase or decrease of the Post-Loss Net Settlement Fund remaining after all payments for Compensation for Ordinary Losses and Compensation for Lost Time are made.

VII. ATTESTATION & SIGNATURE

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

Signature

____/____/_____
Date (mm/dd/yyyy)

Print Name

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