

Your claim must be submitted online or postmarked by: **September 3, 2026**

**CLAIM FORM FOR GREATER ROCHESTER
INDEPENDENT PRACTICE ASSOCIATION MOVEIT DATA
BREACH SETTLEMENT**

**Greater
Rochester
Independent
Practice
Association**

Clarke, et al. v. Progress Software Corp., et al., Case No. 23-cv-13231-ADB (D. Mass.); *Konish v. Greater Rochester Indep. Prac. Ass'n., et al.*, Case No. 23-cv-12922-ADB (D. Mass.)

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING
SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES**

GENERAL INSTRUCTIONS

If you were notified by Greater Rochester Independent Practice Association (“GRIPA”) that your personally identifiable information was impacted by the MOVEit data security incident that resulted from an alleged vulnerability in the third-party file transfer software, MOVEit Transfer (the “MOVEit Data Breach”), you are a member of the Settlement Class and eligible to complete this Claim Form to request two (2) years of medical data monitoring, credit monitoring, and identity theft monitoring services free of charge and **either**: (1) compensation for documented unreimbursed out-of-pocket expenses of up to \$2,500 (“Ordinary Losses”), including up to four (4) hours of lost time at \$25 per hour and monetary losses up to a total of \$10,000 (“Extraordinarily Losses”); **or** (2) an alternative cash payment of \$100 (subject to *pro rata* reduction or increase based on total claim submission) without the need to prove any loss.

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the MOVEit Data Breach, including bank fees, long-distance phone charges, cellphone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel;
2. Fees for credit reports, credit monitoring, or other identity theft insurance products purchased on or after May 31, 2023 through **September 3, 2026**; and
3. Lost Time spent dealing with the MOVEit Data Breach compensated at a rate of \$25 per hour for up to four (4) hours.

Extraordinary Losses include compensation for proven monetary losses, professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services incurred as a result of the MOVEit Data Breach.

Compensation for the above losses (except lost time) will only be paid if:

- The loss is an actual, documented, and unreimbursed monetary loss;
- The loss was more likely than not caused by the MOVEit Data Breach;
- The loss occurred between May 31, 2023 and **September 3, 2026**; and
- Documentation of the claimed losses is not “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

Alternative Cash Payment. In lieu of claiming compensation for Ordinary Losses or Extraordinary Losses, members of the Settlement Class may elect to receive a one-time payment of \$100 (subject to *pro rata* reduction or increase based on total claim submission) as a result of the MOVEit Data Breach.

Claims for the Alternative Cash Payment are subject to potential proration, depending on the number and amount of claims received.

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

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

GRIPA Data Settlement
c/o RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

PLEASE DO NOT SUBMIT YOUR CLAIM FORM TO THE COURT OR THE COURT CLERK'S OFFICE

I. 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 form.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

Middle Initial

Last Name

<input type="text"/>

Street Address

<input type="text"/>

City

<input type="text"/>

State

<input type="text"/>

Zip Code

<input type="text"/>

Email Address

<input type="text"/>

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Claimant ID Number provided on your Notice:

<input type="text"/>

Claimant ID Number

Questions? Go to www.MOVEitSettlementGRIPA.com or call (866) 742-4955.

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III. IDENTITY THEFT PROTECTION

Check this box if you wish to receive two (2) years of free medical data monitoring, credit monitoring, and identity theft monitoring services. You may receive this service even if you previously elected to receive credit monitoring through GRIPA or another provider.

IV. COMPENSATION FOR ORDINARY LOSSES

Members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$2,500 including Lost Time, as a result of the MOVEit Data Breach:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Out-of-pocket expenses incurred as a result of the MOVEit Data Breach, including bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<p>Examples of Supporting Documentation: <i>Phone bills, gas receipts, postage receipts; list of locations to which you traveled (e.g., police station, IRS office), why you traveled there (e.g., police report or letter from IRS) and number of miles traveled.</i></p>		
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after May 31, 2023 through September 3, 2026.	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<p>Examples of Supporting Documentation: <i>Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.</i></p>		

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VII. PAYMENT SELECTION

Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment:

PayPal - Enter your PayPal email address:

Venmo - Enter the mobile number associated with your Venmo account:

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: or Email Address:

Physical Check - Payment will be mailed to the address provided above.

VIII. MEDICARE BENEFICIARY

Were you a Medicare beneficiary during the time period of May 31, 2023 to the present? (check one)

Yes No

If you are a Medicare beneficiary receiving more than \$750 under this settlement, the Settlement Administrator may need to contact you for additional information related to Medicare reporting requirements.

IX. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury 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

Printed Name

Date