Your claim must be submitted online or postmarked by: November 30, 2026

CLAIM FORM

Covey, et al v. Texas Retina Associates, et al
Cause No. DC-24-09642
District Court Dallas County, Texas
101st Judicial District

GENERAL INSTRUCTIONS

If you were mailed written notification on or about June 28, 2024 that indicated your Private Information was potentially compromised as a result of the Data Incident, you may submit a claim for settlement benefits, outlined below. You are eligible for monetary recovery in this settlement if you submit a valid and approved claim in the settlement of *Covey, et al v. Texas Retina Associates*, et al, Cause No. DC-24-09642. Please refer to the Long-Form Notice posted on the Settlement Website www.TXRetinaDataSettlement.com, for more information on submitting a Claim Form.

This Claim Form may also be 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:

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

The unique Class Member ID and PIN that were printed on the Notice you received will be required to access the online and paper claim forms.

You may submit a claim for the following benefits:

1) **Expense Reimbursement:** All Settlement Class Members who submit a Valid Claim using the Claim Form are eligible for the following documented out-of-pocket expenses, not to exceed $4,000 per Settlement Class Member, that were incurred as a result of the Data Incident: (i) unreimbursed bank fees; (ii) long distance phone charges; (iii) cell phone charges (only if charged by the minute); (iv) data charges (only if charged based on the amount of data used); (v) postage; (vi) gasoline for local travel; and (vii) fees for credit reports, credit monitoring, or other identity theft insurance products purchased by Settlement Class Members between March 27, 2024 and the Claims Deadline, November 30, 2026. To receive reimbursement for any of the above-referenced out-of-pocket expenses, Settlement Class Members must submit a valid and timely claim, including necessary supporting documentation, to the Claims Administrator. This can include receipts or other documentation not "self-prepared" by the claimant that document the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. A legal guardian for a Participating Settlement Class Member who is under the age of eighteen (18) at the time of claim submission may submit a Minor Claim Form seeking reimbursement of Documented Out-of-Pocket Losses on the minor's behalf.

2) **Cash Payment:** All Settlement Class Members may make a claim for a cash payment of $45.00 in lieu of any documented loss claims. A Claim Form must be filed, but documentation is not required for the cash payment.

3) **Identity Theft Protection**: All Settlement Class Members may elect to receive three (3) years of identity theft protection, which will include one credit bureau monitoring and $1,000,000 in identity theft protection insurance. No supporting documentation is necessary to receive this benefit.

I. SETTLEMENT 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 Claim Form.

_____

Name

_____

Address 1

_____

Address 2

_____ ___ ___ _____

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

_____@_____

Email Address (*Required if requesting electronic payment*)

Telephone Number: (_____ _____ _____) _____ _____ _____ - _____ _____ _____ _____

II. CLASS MEMBERSHIP

☐ Check this box to certify that you are an individual whose Private Information was potentially impacted in the Data Incident.

Enter the Class Member ID provided on your Notice: _____

III. EXPENSE REIMBURSEMENT

All Settlement Class Members who submit a Valid Claim using the Claim Form are eligible for the following documented out-of-pocket expenses, not to exceed $4,000 per Settlement Class Member, that were incurred as a result of the Data Incident: (i) unreimbursed bank fees; (ii) long distance phone charges; (iii) cell phone charges (only if charged by the minute); (iv) data charges (only if charged based on the amount of data used); (v) postage; (vi) gasoline for local travel; and (vii) fees for credit reports, credit monitoring, or other identity theft insurance products purchased by Settlement Class Members between March 27, 2024 and November 30 2026. To receive reimbursement for any of the above-referenced out-of-pocket expenses, Settlement Class Members must submit a valid and timely claim, including necessary supporting documentation, to the Claims Administrator.

A legal guardian for a Participating Settlement Class Member who is under the age of eighteen (18) at the time of claim submission may submit a Minor Claim Form seeking reimbursement of Documented Out-of-Pocket Losses on the minor's behalf.

☐ **Check this box if you wish to submit a claim for Expense Reimbursement for Documented Losses.** To receive Expense Reimbursement for Documented Losses, a Settlement Class Member must attest, under penalty of perjury, to incurring documented losses. You are required to submit reasonable documentation supporting the losses and demonstrating that the losses are more likely than not related to the Data Incident.

Total amount for this category $ _____ (not more than $4,000)

Settlement Class Members with losses must submit documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.

IV. CASH PAYMENT

All Settlement Class Members may make a claim for a cash payment of $45.00. A Claim Form must be filed, but documentation is not required for the cash payment.

☐ **Check this box to request a Cash Payment.**

V. IDENTITY THEFT PROTECTION

In addition to electing to receive monetary compensation, all Settlement Class Members may elect to receive three (3) years of identity theft protection, which will include one credit bureau monitoring and $1,000,000 in identity theft protection insurance. No supporting documentation is necessary to receive this benefit.

☐ **Check this box to request Identity Theft Protection.**

If you elect to receive identity theft protection, an activation code will be sent to the email address you provided on this Claim Form once Settlement benefits are distributed.

VI. PAYMENT SELECTION

☐ Check here if you would like to receive payment for your approved claim, if any, via electronic means.

Please provide the email address for an electronic payment notification: _____

If you do not check this box or provide a valid email address, your payment will be mailed via check to the address provided above.

VII. ATTESTATION & SIGNATURE

By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge. I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

_____ ___ ___ / ___ ___ / ___ ___ ___ ___

Print Name of Claimant Date

_____

Signature (or signature of parent or guardian if Settlement Class Member is a minor)

_____

Relationship to the Person upon whose behalf you have completed this Claim Form. If you are completing this Claim Form on behalf of someone else (e.g., parent, guardian, Estate Administrator)