Your claim must be submitted online or postmarked by: November 12, 2026

CLAIM FORM FOR AMERICAN VISION DATA BREACH

Hulewat et al. v. Medical Management Resource Group, L.L.C. d/b/a American Vision Partners, et al.
Case No. 2:24-cv-00377-DJH
United States District Court for the District of Arizona

AMERICAN VISION-C

GENERAL INSTRUCTIONS

You are a Damages Settlement Class Member if you are one of the approximately 258,070 U.S. residents whose Social Security numbers and other personal information were compromised in the Data Breach. You may submit a Claim for one of the Damages Class Benefits, outlined below.

Please refer to the Long Form Notice posted on the Settlement Website **www.AmericanVisionSettlement.com**, for more information on submitting a Claim Form and if you part of the Settlement Class.

To receive Damages Class Benefits from this settlement via an electronic payment, you must submit the Claim Form below electronically at www.AmericanVisionSettlement.com by November 12, 2026.

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:

Settlement Administrator - 83312
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

Damages Settlement Class Members under the Settlement Agreement will be eligible to receive one of the following Damages Class Benefits:

- ***Pro-Rata* Cash Payment:** Damages Settlement Class Members may submit a Claim for a *pro rata* cash payment. The Settlement Administrator will make *pro rata* settlement payments, which may increase or decrease the *pro rata* cash payment, subject to the Settlement Fund cap;

OR

- **Out-of-Pocket Expense Claims:** Damages Settlement Class Members may submit a Claim for reimbursement of documented out-of-pocket losses reasonably and fairly traceable to the Data Breach, subject to an individual cap of $3,000 per claimant.

I. PAYMENT SELECTION

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

II. DAMAGES 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.

First Name _____ **Last Name** _____

Address 1 _____

Address 2 _____

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

Questions? Go to www.AmericanVisionSettlement.com or call toll-free (833) 630 - 5366.

Email Address: _____@_____

III. PROOF OF DATA INCIDENT DAMAGES SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify if you are one of the approximately 258,070 U.S. residents whose Social Security numbers and other personal information were compromised in the Data Incident.

Enter the Class Member ID Number provided on your Short Form Notice:

Class Member ID: 8 3 3 1 2 ___ ___ ___ ___ ___ ___ ___ ___

IV. *PRO-RATA* CASH PAYMENT

Damages Settlement Class Members may submit a Claim for a *pro rata* cash payment. The Settlement Administrator will make *pro rata* settlement payments, which may increase or decrease the *pro rata* cash payment, subject to the Settlement Fund cap;.

☐ Yes, I choose *pro rata* cash payment. **You may not submit a claim for Out-of-Pocket Expense Claims below.**

V. OUT-OF-POCKET EXPENSE CLAIMS

Damages Settlement Class Members may submit a Claim for reimbursement of documented out-of-pocket losses reasonably and fairly traceable to the Data Breach, subject to an individual cap of $3,000 per claimant.

- Out-of-Pocket Expense Claims will include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after November 2023 that the claimant attests were caused or otherwise incurred as a result of the Data Breach, through the date of Claim submission; and miscellaneous expenses such as notary, data charges (if charged based on the amount of data used) fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges;

- Damages Settlement Class Members with Out-of-Pocket Expense Claims must submit documentation and attestation supporting their Claims. This may include receipts or other documentation, not "self-prepared" by the claimant, that documents the costs incurred.

If a Settlement Class Member does not submit reasonable documentation supporting a loss, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure his or her Claim, the Claim will be rejected and the Settlement Class Member's Claim will be as if he or she elected the *Pro-Rata* Cash Payment.

You must have out-of-pocket expenses incurred as a result of the Data Breach and submit documentation to obtain this benefit.

☐ I have attached documentation showing that the documented losses were reasonably and fairly traceable to the Data Breach. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	**Approximate Date of out-of-pocket expenses**	**Amount of out-of-pocket expenses**	**Description of Supporting Reasonable Documentation** (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	$50.00	Copy of identity theft protection service bill
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	
	__ __/__ __/__ __ (mm/dd/yy)	$_____.____	

VI. 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