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**Must be postmarked or  
submitted online no  
later than  
March 5, 2026.**

EMSA CLAIMS ADMINISTRATOR  
P.O. BOX 5414  
PORTLAND, OR 97228-5414  
EMSASettlement.com

*Wade Quick et al. v. Emergency Medical Services Authority*  
**Claim Form**  
District Court of Oklahoma County, State of Oklahoma  
Case No. CJ-2024-2470

## SETTLEMENT BENEFITS—WHAT YOU MAY GET

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits. You are a member of the Settlement Class and eligible to submit a Claim Form if: you are an individual residing in the United States who was mailed notice that their Private Information may have been impacted by the Data Incident the Defendant experienced around February 2024.

Excluded from the Settlement Class are: (i) Defendant's officers, trustees, and directors; (ii) any entity in which Defendant has a controlling interest; (iii) the affiliates, legal representatives, attorneys, successors, heirs, and assigns of Defendant; (iv) members of the judiciary to whom this case is assigned, their families, and members of their staff; (v) Settlement Class Members who submit a valid request for exclusion prior to the opt-out deadline; and (vi) any person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding, or abetting the criminal activity occurrence of the Data Incident, or who pleads *nolo contendere* to any such charge. The Settlement Class may include as many as 518,811 individuals who were notified that their Private Information may have been affected in the Data Incident that Defendant experienced in February 2024.

Settlement Class Members may submit a Claim Form for: (i) two (2) years of identity protection and credit monitoring; (ii) documented out-of-pocket losses—up to a total of \$3,000.00 per Settlement Class Member; and/or (iii) lost time of \$15.00 per hour for up to four (4) hours (for a maximum total of \$60.00, which is included in the \$3,000.00 cap for out-of-pocket losses).

**You may submit a claim for one or more of these Settlement benefits outlined below:**

- Credit Monitoring Services:** All Settlement Class Members shall have the ability to make a claim for two (2) years of single-bureau identity protection and credit monitoring service.
- Compensation for Out-of-Pocket Losses:** Settlement Class Members may also submit a Claim Form and provide receipts or other reasonable documentation for unreimbursed losses, up to a total of \$3,000.00 per Settlement Class Member, that are fairly traceable to the Data Incident. Supporting documentation is required, and self-prepared documents are, on their own, insufficient.
- Compensation for Lost Time Claims:** Settlement Class Members may also submit a Claim Form for up to four (4) hours of lost time at a rate of \$15.00 per hour (for a maximum total of \$60.00), provided that at least one (1) full hour was spent dealing with the Data Incident. Lost time payments are included in the \$3,000.00 cap on out-of-pocket losses.

\* \* \*

**This Claim Form may be submitted electronically via the settlement website at EMSASettlement.com or completed and mailed, including any supporting documentation, to:**

*EMSA Claims Administrator  
P.O. Box 5414  
Portland, OR 97228-5414*

**The Claim Form must be submitted electronically or postmarked and mailed by March 5, 2026.**

*Please note: The Claims Administrator may contact you to request additional documents to process your claim.*

For more information and complete instructions, visit EMSASettlement.com.

**Please note that Settlement benefits will be distributed after the Settlement is approved by the Court and becomes final.**

**Questions? Visit EMSASettlement.com or call 1-877-277-7514.**



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### SETTLEMENT CLASS MEMBER CONTACT INFORMATION

**1. NAME (REQUIRED):**

First Name

MI

Last Name

**2. MAILING ADDRESS (REQUIRED):**

Street Address

Apt. No.

City

State

ZIP Code

**3. PHONE NUMBER:**

 -  - 

**4. EMAIL ADDRESS:**

**5. UNIQUE ID:**

### CREDIT MONITORING SERVICES

**You may be eligible to receive free credit monitoring services.**

All Settlement Class Members are eligible to claim two (2) years of single-bureau identity protection and credit monitoring services.

*Please select the checkbox if you want the credit monitoring services for which you are eligible.*

**Credit Monitoring Services:** I want to receive free credit monitoring services at the email entered in the above section.

*If you select this option, after the settlement is final, you will be sent instructions and an activation code to your email or home address. Enrollment in this service will not subject you to marketing for additional services or any required payments.*

Questions? Visit [EMSASettlement.com](http://EMSASettlement.com) or call 1-877-277-7514.



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### REIMBURSEMENT FOR LOST TIME

Check this box if you spent time researching the Data Incident, monitoring accounts, or otherwise dealing with issues related to the Data Incident. You can submit a claim for reimbursement of \$15.00 per hour, for up to four (4) hours, provided that at least one (1) full hour was spent dealing with the Data Incident (for a maximum total of \$60.00, which is included in the \$3,000.00 cap on out-of-pocket losses).

By checking the box above, you are attesting under the laws of your state that any claimed lost time was spent related to the Data Incident between February 10, 2024, and the close of the Claims Period.

Complete the chart below describing the lost time.

Hours lost as a result of the Data Incident	Description of the activities performed during the time claimed and their connection to the Data Incident
<input type="checkbox"/> 1 hour	
<input type="checkbox"/> 2 hours	
<input type="checkbox"/> 3 hours	
<input type="checkbox"/> 4 hours	

### DOCUMENTED OUT-OF-POCKET LOSSES

Check this box if you are requesting compensation for out-of-pocket Losses up to a total of \$3,000.00. By checking this box, you are attesting that the losses you incurred are fairly traceable to the Data Incident.

**\*You must submit supporting documentation demonstrating actual, unreimbursed monetary loss and meeting the other criteria set forth above.**

Complete the chart below describing the supporting documentation you are submitting.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (identify what you are attaching and why it's related to the Data Incident)
<b>Unreimbursed Bank Fees</b> <i>Examples: Bank statements with fees—such as card reissuance, unreimbursed overdraft, and late fees—circled.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	
<b>Postage or Gasoline for Local Travel</b> <i>Example: Postage or gasoline receipts with charges circled.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	
<b>Any Other Expenses Related to the Data Incident</b> <i>Example: Cell phone data charges, cell phone minutes, and long-distance charges with proof of expense and payment. Other losses relating to fraud or identity theft, including professional fees.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	

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