ORI Data Incident Settlement Administrator
P.O. Box 3654
Baton Rouge, LA, 70821

Your Claim Form must be postmarked or submitted online no later than January 13, 2026

Lavoie-Soria et al. v. Orthopedics Rhode Island, Inc., Case No. KC-2024-1172

CLAIM FORM

SETTLEMENT BENEFITS - WHAT YOU MAY GET

You may submit a claim form if you were sent a notice of the Data Incident indicating that your Private Information may have been impacted in the Data Incident.

The easiest way to submit a claim is online at www.ORISettlement.com, or you can complete and mail this claim form to the mailing address above.

You may submit a claim for one or more of these benefits:

(1) Cash Payment A – Documented Losses:

All Settlement Class Members may submit a Claim for a cash payment under this section for up to $5,000.00 per Settlement Class Member upon presentment of reasonable documented losses related to the Data Incident. To receive a documented loss payment, you must elect Cash Payment A on the Claim Form attesting under penalty of perjury to having incurred documented losses.

You are required to submit reasonable documentation supporting the losses, which means documentation contemporaneously generated or prepared by a third party or the Settlement Class Member supporting a claim for expenses paid. Non-exhaustive examples of reasonable documentation include telephone records, correspondence including emails, letters or receipts. Personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation.

(2) Cash Payment B – Alternate Cash:

As an alternative to Cash Payment A, you may elect to receive Cash Payment B, which is an alternative cash payment in the estimated amount of $100.00.

(3) Medical Monitoring:

In addition to Cash Payment A or Cash Payment B, you may also make a Claim for Medical Monitoring that will include two (2) years of CyEx Medical Shield Ultra Medical Record monitoring product.

Claims must be submitted online or mailed by January 13, 2026. Use the address at the top of this form to mail your Claim Form.

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

Your Information

First Name* | Middle Initial | Last Name*

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*

City* | State* | Zip Code*

Current Email Address* | Phone Number*

Settlement Claim ID*

Cash Payment A – Documented Losses

You can receive reimbursement for up to a total of $5,000.00 per person for reasonable documented losses related to the Data Incident.

You must submit documentation supporting your Claim, which may include but not limited to, telephone records, correspondence including emails, letters or receipts. Personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation.

☐ **I attest under penalty of perjury that I incurred documented losses related to the Data Incident.**

Expense Type	**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)*

Cash Payment B – Alternate Cash

As an alternative to Cash Payment A above, you may claim a cash payment in the estimated amount of $100.

☐ **I wish to claim an Alternate Cash payment.**

Medical Monitoring

You may choose to elect to receive two (2) years of CyEx Medical Shield Ultra Medical Record monitoring product. *Please include your email address and mailing address on page 2 of this Form.*

☐ **I wish to receive two (2) years of Medical Monitoring.**

Payment Selection

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

☐ **Venmo**

_____

Enter the mobile number or email address associated with your Venmo account

☐ **Zelle**

_____

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

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

Signature

I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

_____	_____	_____
Signature	**Printed Name**	**Date**