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**The DEADLINE  
to submit or mail this  
Claim Form is:  
November 8, 2024**

*In re Great Expressions Data Security Incident Litigation*

*Case No. 2:23-cv-11185-JJCG-CI  
(Eastern District of Michigan)*

**CLAIM FORM**

For Office Use Only

**Great Expressions Data Settlement**

**“NON-SSN SUBCLASS MEMBERS” CLAIM FORM FOR ATTESTED TIME**

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN NOVEMBER 8, 2024.**

*ATTENTION: This Claim Form is to be used by “Non-SSN Subclass Members” (Settlement Class Members whose Social Security numbers were not potentially accessed or acquired during the Data Security Incident) to apply for relief related to the Data Security Incident that occurred between February 17, 2023 and February 22, 2023 and potentially affected current and former employees and patients of customers/licensees of ADG, LLC d/b/a Great Expressions Dental Centers (“ADG”) and Great Expressions Dental Centers, P.C. (“GEDC”) (collectively, “Defendants”). The types of relief for which these individuals may be eligible are, for all Non-SSN Subclass Members,*

- (i) *Non-SSN Subclass Members may submit a claim for up to 2 hours of time spent remedying issues related to the Data Security Incident at a rate of \$20 per hour by providing an attestation and a brief description of: (1) the actions taken in response to the Data Security Incident; and (2) the time associated with each action (“Non-SSN Attested Time”).*

*Per the Settlement Agreement, if the aggregate amount of Approved Claims for Non-SSN Attested Time by Non-SSN Subclass Members exceeds the remaining amount of the Settlement Fund, such claims will be decreased pro rata to consume the remaining amount of the Settlement Fund. If the aggregate amount of Approved Claims for Non-SSN Attested Time by Non-SSN Subclass Members is less the remaining amount of the Settlement Fund, such claims will be increased pro rata to consume the remaining amount of the Settlement Fund or up to \$80 per claim, whichever occurs first. Any remainder will be used to increase the Cash Payments for SSN Subclass Members pro rata.*

*To submit a Claim, you must have been identified as a potential Settlement Class Member from Defendants’ business records and received Notice of this Settlement with a **Unique ID**.*

**PLEASE BE ADVISED** that any documentation you provide must be submitted **WITH** this Claim Form.

**CLAIM VERIFICATION:** All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

**ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement website at [www.greatexpressionsdatasettlement.com](http://www.greatexpressionsdatasettlement.com) for additional information or call (833) 522-2678.

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.**

**Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.**



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**REGISTRATION**

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address @ \_\_\_\_\_

**Please provide the Unique ID identified in the email or postcard Notice that was sent to you:**

**8 3 0 6 6** \_\_\_\_\_

*Instructions. Please follow the instructions below and answer the questions as instructed.*

**CLAIM INFORMATION**

***Section A. Confirm Your Eligibility***

**Did you receive a Unique ID indicating that you may be a member of the Settlement Class?**

Yes  No

*If yes, you are a member of the Settlement Class and may file a Claim.*

*If no, you are not a member of the Settlement Class and do not qualify to file a Claim.*



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**Did you spend time remediating issues related to the Data Security Incident?**

Yes  No

*If yes, you may be eligible to fill out **Section B** of this form and provide corroborating documentation.*

**Section B.**

**Reimbursement for Non-SSN Attested Time**

If you spent between one (1) and two (2) hours of time responding to receiving Notice of the Data Security Incident, you may claim reimbursement for Non-SSN Attested Time.

1 Hour  2 Hours

Please provide a brief description of (1) the actions you took in response to the Data Security Incident; and (2) the time associated with each action:

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**Attestation (You must check the box below to obtain compensation for lost time)**

I attest under penalty of perjury that I spent the number of hours claimed above responding to receiving Notice of the Data Security Incident.

**Section C. Payment**

If your Claim is approved, you will receive payment under this Settlement electronically. If you do not wish to receive an electronic payment, payment will be in the form of a check sent to the mailing address you provided above.

Please check the box if you **do not** want to receive your payment electronically:

If you wish to receive an electronic payment, you may file a claim on the Settlement Website. You will be able to choose the following electronic payment options: ACH, Zelle, Paypal, Venmo, E-Mastercard. Alternatively, you may select a paper check when filing a claim on the Settlement Website.

**Section D. Settlement Class Member Affirmation**

By submitting this Claim Form and checking the box below, I declare that I received notification from Defendants that I have been identified as a potential Settlement Class Member. If I have submitted a Claim for Non-SSN Attested Time, I declare that I incurred the claimed unreimbursed costs, losses, or expenditures



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and that I believe they were incurred as a result of the Data Security Incident.

I understand that my Claim and the information provided above will be subject to verification.

I also understand that I may not be entitled to recover under this Settlement if I am employed by and/or affiliated with the Judge or Magistrate presiding over this action, and/or am an officer, director, member, or shareholder of Defendants.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

**Yes, I understand that my failure to check this box may render my Claim null and void.**

Please include your name in both the Signature and Printed Name fields below.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Printed Name

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