

**Your claim  
must be  
postmarked  
by:  
September 2,  
2026**

**UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS  
EASTERN DIVISION**

*Smith v. ZOLL Medical Corporation*  
Case No. 1:23-cv-10575



**Claim Form**

This Claim Form should be filled out online or submitted by mail if you want to receive benefits from the Settlement. If you received a Notice and Claim Form by mail, Defendant ZOLL's records indicate your Personal Information may have been compromised by a data incident that occurred on Defendant's network around or between January 22, 2023 and January 24, 2023 (the "Data Incident").

You may be eligible to receive one or both of the following benefits: (i) a *Pro Rata* Cash Payment; and (ii) reimbursement of documented Out-of-Pocket Monetary Losses reasonably traceable to the Data Incident up to \$5,000.00 per person. Class Members whose Social Security numbers were impacted in the Data Incident ("SSN Subclass Members") will receive twice the amount in Pro Rata Cash Payments than Class Members whose Social Security numbers were not impacted ("Non-SSN Subclass Members"). To receive payment, you must complete and submit a Claim Form.

Instructions: Complete and submit an online Claim Form at [www.HeartDeviceDataSettlement.com](http://www.HeartDeviceDataSettlement.com) or complete this Claim Form in its entirety and mail it to the Settlement Administrator along with any required documentation so it is postmarked or received by September 2, 2026, at ZOLL Data Settlement, c/o Settlement Administrator, P.O. Box 4089, Baton Rouge, LA 70821.

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**I. CLASS MEMBER NAME AND CONTACT INFORMATION**

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Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

**First Name**

**Last Name**

**Street Address**

**City**

**State**

**Zip Code**

**Phone Number**

**Email Address**

**Settlement Claim/Notice ID (if known)**

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**II. CASH PAYMENT**

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You may elect to claim a *Pro Rata* Cash Payment estimated at \$100 for SSN Subclass Members and \$50 for Non-SSN Subclass Members. SSN Subclass Members are individuals whose Social Security numbers were potentially accessed in the Data Incident. The postcard you received in the mail indicates whether you are a SSN Subclass Member or a Non-SSN Subclass Member.

Check this box if you would like to claim the *Pro Rata* Cash Payment.

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**III. COMPENSATION FOR OUT-OF-POCKET MONETARY LOSSES**

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If you experienced documented Out-of-Pocket Monetary Losses fairly traceable to the Data Incident you may submit a claim supported by sufficient documentation for a reimbursement payment of up to five thousand dollars (\$5,000). Monetary Losses might include: (a) unreimbursed losses or expenses related to fraud or identity theft, (b) professional fees including attorneys' fees, accountants' fees, and fees for credit repair services, (c) costs associated with freezing or unfreezing credit with any credit reporting agency, (d) credit monitoring costs incurred on or after the Data Incident, and (e) miscellaneous expenses such as notary, fax, postage, copying, mileage, fuel, and long-distance telephone charges.

Check the box to the left of this statement if you incurred out-of-pocket Monetary Losses incurred as a result of the Data Incident.

Total amount of out-of-pocket Monetary Losses incurred: \$ \_\_\_\_\_

All Out-of-Pocket Losses claimed must be attributable to the Data Incident. Describe your out-of-pocket Monetary Losses below, including the date each loss was incurred, the amount, and its relation to the Data Incident.

Date of Loss	Amount of Loss	Explanation of Relation to Data Incident

**Supporting documentation must be provided for reimbursement of Out-of-Pocket Monetary Losses.** Enclose (or upload online) reasonable documentary proof of the Out-of-Pocket Monetary Losses you are claiming. You may black out any transactions that are not relevant to your claim before sending in the documentation.

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**V. PAYMENT OPTIONS**

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Please select from **one** of the following payment options:

**PayPal** - Enter your PayPal email address: \_\_\_\_\_

**Venmo** - Enter the mobile number associated with your account: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Email Address: \_\_\_\_\_

**Paper Check** - Payment will be mailed to the address you provided above.

**YOU WILL RECEIVE A VERIFICATION EMAIL OR TEXT MESSAGE REGARDING YOUR DIGITAL PAYMENT. YOU MUST VERIFY AND AUTHENTICATE YOUR PAYMENT INFORMATION IN ORDER TO RECEIVE A DIGITAL PAYMENT. IF YOU DO NOT VERIFY AND AUTHENTICATE YOUR INFORMATION, A PAPER CHECK WILL BE SENT TO YOU.**

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**SIGN AND DATE YOUR CLAIM FORM**

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I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information supplied in/with this Claim Form is true and correct to the best of my knowledge.

I understand that the Settlement Administrator will review the information I submit to determine whether it is a Valid Claim and that I may be asked by the Settlement Administrator to provide supplemental information to determine whether my claim is valid.

\_\_\_\_\_  
Your signature

Date: \_\_\_\_\_  
MM DD YYYY

\_\_\_\_\_  
Your printed name

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**ZOLL Data Settlement**  
**c/o Settlement Administrator**  
**P.O. Box 4089**  
**Baton Rouge, LA 70821**  
**[info@HeartDeviceDataSettlement.com](mailto:info@HeartDeviceDataSettlement.com)**  
**[www.HeartDeviceDataSettlement.com](http://www.HeartDeviceDataSettlement.com)**