

**CLAIM FORM**

*Tracy v. Elekta, Inc.*

**Case No. 1:21-cv-02851**

**United States District Court, Northern District of Georgia**

**SUBMIT BY December 26, 2024**

**ONLINE AT WWW.ELEKTADATASETTLEMENT.COM**

**OR MAIL TO:**

**Elekta Data Settlement Administrator**

**P.O. Box 1429**

**Baton Rouge, LA 70821**

**GENERAL CLAIM FORM INFORMATION**

This Claim Form should be filled out online or submitted by mail if you received a notice of data security incident letter stating your personal information was potentially compromised in connection with a Data Security Incident impacting Elekta, Inc. (“Elekta”) in April 2021 (“Settlement Class”). Your notice was sent from Northwestern Memorial Healthcare (“NMH”) or another Elekta customer (“Elekta’s Customers) in or around May 2021.

If you wish to submit a Claim by mail, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **no later than December 26, 2024**.

**Monetary Compensation**

**Cash Payment:** Would you like to receive a cash payment under the Settlement? **(circle one)**

**Yes**

**No**

\*If you selected yes, you must choose which cash payment you are eligible to receive. If you do not select an option, you will be deemed to have selected the Pro Rata Cash Payment. If you select the Illinois Genetic Information Privacy Act (“GIPA”) Cash Payment and are not an Illinois resident, your claim will be denied.

(a) **GIPA Cash Compensation (GIPA Cash Payment):** After the distribution of attorneys’ fees, Class Counsel’s Litigation Expenses, Administrative Fees, and Compensation for Out-of-Pocket Expenses, the Settlement Administrator will make *pro rata* settlement payments of 1/2 (50%) of any remaining funds to each Illinois GIPA Subclass Member who submits a claim for GIPA cash compensation. Any pro rata payment amount for the GIPA Cash Payment will be capped at \$1,000.00. **You must be a current or former Illinois resident to select this option and must attest that you shared your genetic information with NMH or an Elekta Customer located in Illinois.**

(b) **Cash Compensation (Pro Rata Cash Payment):** After the distribution of attorneys’ fees, Class Counsel’s Litigation Expenses, Administrative Fees, and Compensation for Out-of-Pocket Expenses, the Settlement Administrator will make *pro rata* settlement payments of 1/2 (50%) of

any remaining funds to each Class Member who submits a claim plus any amount remaining under section (a) to the extent that the GIPA Cash Payments reach the \$1,000.00 cap.

Which Cash Payment are you eligible to receive? (circle one)

**GIPA Cash Payment\*\***

**Pro Rata Cash Payment**

\*\*By selecting the GIPA Cash Payment, you attest that you have shared your genetic information with NMH or one of Elekta’s Customers located in Illinois. Genetic Information, as defined under the Illinois Genetic Information Protection Act, 410 ILCS 513, includes genetic tests, manifestation of a genetic disease or disorder, any request or receipt of genetic services (counseling, obtaining, interpreting, or assessing genetic information), and participation in clinical research, but excludes information about sex or age.

**Out-of-Pocket Losses (if any):** I am submitting a claim for documented unreimbursed out-of-pocket monetary losses in the amount of \$ \_\_\_\_\_ that I incurred as a result of the Data Security Incident. I understand that I am required to provide supporting third-party documentation and to support my claim for out-of-pocket losses, such as providing copies of any receipts, bank statements, reports, or other documentation supporting my claim. This can include receipts or other documentation that I have not “self-prepared.” I understand that “self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. I understand the settlement administrator may contact me for additional information before processing my claim. If I do not have information supporting my claim for unreimbursed monetary losses, I likely will not receive compensation for this settlement benefit. **I understand that any monetary compensation I may receive under the settlement is capped at \$5,000.00 for out-of-pocket expenses.**

Description of the unreimbursed, out-of-pocket loss or expenses incurred, and the documents attached to support this claim:

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Please sign below indicating that you are submitting this Claim for Out-of-Pocket Losses and your representations of these losses are true and correct to the best of your knowledge and belief, and are being made under penalty of perjury.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Claimant Information**

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Full Name of Class Member

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Settlement Claim ID *(Can be found on the postcard or Email Notice you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator.)*

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Street/P.O. Box

City

State

Zip Code

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Phone Number

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Email Address

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Signature