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**Must be postmarked or  
submitted online NO  
LATER THAN  
September 15, 2025**

Ambulnz Security Incident Settlement Administrator  
P.O. BOX 2856  
PORTLAND, OR 97208-2856  
[www.ambulnzsettlement.com](http://www.ambulnzsettlement.com)

***Ballesteros v Ambulnz NY, LLC Claim Form***

Circuit Court of the 11<sup>th</sup> Judicial District for Miami-Dade County, Florida

Case No. 2025-005051-CA-01

**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 who resides in the United States whose personally identifiable information (“PII”) and/or personal health information (“PHI”) was potentially exposed to unauthorized third parties as a result of the cybersecurity incident that affected Ambulnz in or around April 2024 (“Security Incident”).

Excluded from the Settlement Class are (i) Ambulnz, its officers and directors; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) any judges assigned to this case and their staff and family; and (iv) any other 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 Security Incident or who pleads *nolo contendere* to any such charge.

Settlement Class Members may submit a claim form for: (1) 1 year of credit monitoring; (2) Ordinary Loss Claims up to a total of \$400 per claimant; (3) Lost Time paid at \$18.50 per hour for up to 4 hours (for a total of \$74); and (4) Extraordinary Loss Claims up to a total of \$4,500 per claimant. Instead of these benefits, Class Members may submit a claim form for an Alternative Cash Benefit.

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

1. **Credit Monitoring Services:** All Settlement Class Members shall have the ability to make a claim for 1 year of credit monitoring services and identity protection services.
2. **Ordinary Losses** up to a total of \$400.00 per claimant, upon submission of a valid claim with supporting documentation for out-of-pocket losses incurred or spent between April 21, 2024 and the day that the Court approved notice of settlement is sent to the Settlement Class, including: i) out-of-pocket expenses incurred as a result of the Security Incident, including unreimbursed bank fees, long distance phone and cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage or gasoline for local travel; and ii) fees for credit reports, credit monitoring or other identity theft insurance products purchased because of the Security Incident.
3. **Lost Time Claims** for reimbursement of \$18.50 per hour up to 4 hours (for a total of \$74) with an attestation on the Claim Form of the activities performed and that they were related to the Security Incident.
4. **Extraordinary Losses** up to a total of \$4,500.00 per Settlement Class Member in compensation on submission of a valid and timely claim form with supporting documentation and an attestation on the claim form for monetary losses that meet the following conditions: i) the loss is an actual, documented and unreimbursed monetary loss caused by (A) misuse of the Settlement Class Member’s Personal Information or (B) fraud associated with the Settlement Class Member’s Personal Information; ii) the loss noted in i.(A) or i.(B) was more likely than not caused by the Security Incident; iii) the loss occurred between April 21, 2024 and the day that the Court approved notice of settlement is sent to the Settlement Class; iv) the loss is not already covered by the Ordinary Loss or Lost Time categories; and v) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all of the Settlement Class Member’s credit monitoring insurance and identity theft insurance.

**OR**

Questions? Visit [www.AmbulnzSettlement.com](http://www.AmbulnzSettlement.com) or call 1-888-867-7175.





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### REIMBURSEMENT FOR LOST TIME

Check this box if you spent time monitoring accounts or otherwise dealing with issues related to the Security Incident. You can submit a claim for reimbursement of \$18.50 per hour up to 4 hours (for a total of \$74).

By checking the box above, you are attesting that the activities you performed were related to the Security Incident.

*Complete the chart below describing the lost time and supporting documentation you are submitting.*

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

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### EXTRAORDINARY LOSSES

Check this box if you are requesting compensation for **Extraordinary Losses** up to a total of \$4,500.00. By checking this box, you are attesting the losses you incurred were a result of actual out-of-pocket losses related to the Security Incident.

**\*You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

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

Loss Type and Examples of Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Security Incident)
<p>Costs related to credit monitoring purchases/ freezing/unfreezing between <b>April 21, 2024 and June 16, 2025</b>.</p> <p><i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i></p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Date:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">MM                  DD                  YYYY</p>	<hr/> <hr/> <hr/>
<p>Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information on or after <b>April 21, 2024</b> and fairly traceable to the <b>Ballesteros v Ambulnz</b> breach Security Incident.</p> <p><i>Examples: Account statement with unauthorized charges circled; police report; IRS document; FTC Identity Theft Report; letter refusing to refund fraudulent charges; receipt for your credit monitoring services purchase</i></p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Date:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">MM                  DD                  YYYY</p>	<hr/> <hr/> <hr/>
<p>Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the Security Incident.</p> <p><i>Examples: Phone bills, receipts, detailed list of addresses you traveled (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i></p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>Date:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">MM                  DD                  YYYY</p>	<hr/> <hr/> <hr/>

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## ORDINARY LOSSES

Check this box if you are requesting compensation for **Ordinary Losses** up to a total of \$400.00. By checking this box, you are attesting that the losses you incurred were a result of actual identity theft related to the Security 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 Security Incident)
<p><b>Unreimbursed Bank Fees</b> <i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees, circled.</i></p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>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"/></p> <p style="text-align: center;">MM                  DD                  YYYY</p>	<hr/> <hr/> <hr/>
<p><b>Postage or Gasoline for Local Travel</b> <i>Examples: Postage or gasoline receipts with charges circled.</i></p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>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"/></p> <p style="text-align: center;">MM                  DD                  YYYY</p>	<hr/> <hr/> <hr/>
<p><b>Any other expenses related to the Security Incident.</b> <i>Examples: Cell phone data Charges, cell phone minutes, long distance charges with proof of expense and payment.</i></p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>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"/></p> <p style="text-align: center;">MM                  DD                  YYYY</p>	<hr/> <hr/> <hr/>

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# ATTESTATION AND 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

Date:   -   -      
MM DD YYYY

Print Name

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