

**NOTICE OF CLASS ACTION SETTLEMENT**

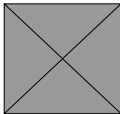
**If you were sent a notice of data breach letter from a customer of Elekta, Inc. and/or Northwestern Memorial Healthcare, you are entitled to submit a claim for monetary compensation under a class action settlement.**

*A Federal Court has authorized this Notice. This is **not** a solicitation from a lawyer.*

**Who Is A Class Member?** In the lawsuit *Tracy v. Elekta, Inc.*, No. 1:21-cv-02851 (N.D. Ga.), you are a class member if you were subject to, and previously were sent a Notice Letter notifying you of, the Security Incident that Elekta, Inc. (“Elekta”) discovered in April 2021 (the “Settlement Class”). There are approximately 497,800 Settlement Class Members whose Sensitive Information has been impacted in the April 2021 Data Incident.

For more information please visit [www.elektadatasettlement.com](http://www.elektadatasettlement.com) or call 1-844-377-6369.

**Tracy v. Elekta, Inc. Settlement Administrator**  
P.O. Box 1429  
Baton Rouge, LA 70821



ELECTRONIC SERVICE REQUESTED

SETTLEMENT CLAIM ID: [claim Id]  
[FIRST NAME] [LAST NAME]  
[ADDRESS1]  
[ADDRESS2]  
[CITY] [STATE] [ZIP]



## **WHAT ARE THE SETTLEMENT BENEFITS AND TERMS?**

Under the Settlement, Elekta and Northwestern Memorial Healthcare (“NMH”) (collectively “Defendants”) have agreed to pay \$8,900,000 into a Qualified Settlement Fund which will be distributed to Class Members who submit valid claims, after deducting class counsel’s court-approved attorneys’ fees and expenses, and settlement administration notice and administration costs, if such award is approved by the Court. All Class Members may submit claims to receive one of two types of Cash Payments – a pro rata Illinois Genetic Privacy Act Payment (“GIPA Payment”) or a Pro Rata Cash Payment. In addition to these cash payments, Class Members who believe they suffered out-of-pocket losses as a result of the Data Incident may claim up to \$5,000 for the reimbursement of sufficiently documented expenses. Defendants have also agreed to implement or continue a series of business practices to limit the likelihood of a future cyberattack. More information about the types of Claims and how to file them is available at the Settlement Website, [www.elektadatasettlement.com](http://www.elektadatasettlement.com).

## **WHAT ARE YOUR RIGHTS AND OPTIONS?**

**Submit a Claim Form.** To qualify for a cash payment, you must timely mail a Claim Form that is attached to this notice or timely complete and submit a Claim Form online at [www.elektadatasettlement.com](http://www.elektadatasettlement.com). Your Claim Form must be postmarked or submitted online no later than **December 26, 2024**.

**Your Other Options.** If you **do nothing**, you will remain in the class, you will not be eligible for benefits, and you will be bound by the decisions of the Court and give up your rights to sue

Defendant for the claims resolved by this settlement. If you do not want to be legally bound by the settlement, you must **exclude yourself** by **November 26, 2024**. If you stay in the settlement, you may **object** to it by **November 26, 2024**. A more detailed notice is available to explain how to exclude yourself or object. Please visit the Settlement Website or call 1-844-377-6369 for a copy of the more detailed notice

**The Final Approval Hearing.** The Court will hold a Final Approval Hearing on **January 6, 2025 at 2:00 P.M.** You or your attorney may attend and ask to appear at the hearing, but you are not required to do so.

**Who Represents Me?** Class Counsel are Brian Bleichner, Chestnut Cambronne PA, and Terence R. Coates, Markovits, Stock & DeMarco, LLC.

## **Do I have any obligation to pay attorneys’ fees or expenses?**

No. The attorneys’ fees and expenses will be paid exclusively from the Settlement Fund as awarded and approved by the Court. The attorneys’ fees will be in an amount not to exceed 1/3 of the \$8,900,000 Settlement Fund (i.e. no more than \$2,966,666.66) and also reasonable costs and expenses actually incurred. The motion for attorneys’ fees and expenses will be posted on the Settlement Website after it is filed with the Court.

**More Information.** Complete information about your rights and options, as well as the Claim Form, the Long Notice, and Settlement Agreement, are available at [www.elektadatasettlement.com](http://www.elektadatasettlement.com), or by calling toll free 1-844-377-6369.

This Notice is a summary of the proposed settlement.

Business Reply Mail Content

**POSTCARD CLAIM FORM** -- SETTLEMENT CLAIM ID:

Claims must be postmarked, or submitted online, no later than **December 26, 2024**.

**Contact Information** (Please fill in completely.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Monetary Compensation** (You may claim one pro rata cash payment and/or payment for Out-of-Pocket Losses)

1. **Pro Rata Cash Payment:** Would you like to receive a cash payment under the Settlement?  **Yes**     **No**

2. **Which Cash Payment are you eligible to receive?**     **GIPA Pro Rata Cash Payment\*\***                       **Pro Rata Cash Payment**

\*\*You must be an Illinois resident to select the GIPA Pro Rata Cash Payment. By selecting the GIPA Cash Payment, you attest that you have shared your genetic information with Defendant NMH or an Elekta Customer located in Illinois. Genetic Information, as defined under the Illinois Genetic Information Protection Act, 410 ILCS 513, includes an individual's 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.

**Select from one of the following payment options:**

\*PayPal \_\_\_\_\_ \*Venmo \_\_\_\_\_ \*Zelle \_\_\_\_\_ \*Virtual Prepaid Card \_\_\_\_\_ (requires an email address) Check \_\_\_\_\_

\*Please provide your email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid card: \_\_\_\_\_

3. **Verified Out-of-Pocket Losses:** \$ \_\_\_\_\_ (not more than \$5,000.00)

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. I understand this can include receipts or other documentation 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. I understand that if I lack information supporting my claim for out-of-pocket losses, I will not receive compensation for this settlement benefit. I understand any monetary compensation I may receive for Out-of-Pocket Losses under the settlement is capped at \$5,000.00.

**By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge.**

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_ Print Name: \_\_\_\_\_