

Your claim must be submitted online or postmarked by: **JUNE 10, 2026**

CLAIM FORM FOR **MN ORTHODONTICS DATA SETTLEMENT**

Ashley Burgess v. MN Orthodontics and Dentofacial Orthopedics, P.A.
Case No. 82-cv-25-3249
Washington County District Court for the State of Minnesota

**MN Orthodontics
Data Settlement**

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES**

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as an individual residing in the United States whose Personal Information was potentially compromised in the Minnesota Orthodontics and Dentofacial Orthopedics, P.A. Data Incident that occurred in or around February 2025, including all those who received notice of the Data Incident.

Please refer to the Settlement Notice (Long Notice) posted on the Settlement Website www.MNOrthoDataSettlement.com, for more information on submitting a Claim and for information on the aggregate cap on claims.

To receive any benefits, you must submit the Claim Form below by JUNE 10, 2026.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.MNOrthoDataSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

MN Orthodontics Data Settlement
c/o Settlement Administrator
PO Box 2009
Chanhassen, MN 55317-2009

I. CLASS MEMBER NAME AND CONTACT INFORMATION

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

Email Address (optional)

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Claim Number

PIN

III. CREDIT MONITORING SERVICES

All Settlement Class Members will be eligible to claim two (2) years of free credit monitoring services through IDX upon submission of a valid Claim Form. IDX Identity Protection Services provides single-bureau credit monitoring, dark web monitoring, \$1,000,000 in reimbursement insurance, and fully managed identity recovery and lost wallet assistance.

Check this box if you wish to claim two (2) years of free identity protection and credit monitoring services.

IV. ALTERNATIVE CASH PAYMENT

Check this box if you wish to receive a cash payment of \$25.

You are **not** entitled to this Alternative Cash Payment if you have claimed Credit Monitoring Services above.

V. FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive your Alternative Cash Payment in the form of a physical check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.MNOrthoDataSettlement.com.

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

Signature

Printed Name

Date Signed

**TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT
WWW.MNORTHODATASETTLEMENT.COM NO LATER THAN JUNE 10, 2026.**