

POSTAGE
REQUIRED

Teton Orthopaedics Data Settlement
c/o Settlement Administrator
PO Box 2007
Chanhassen, MN 55317-2007

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THIS NOTICE IS ONLY A SUMMARY.
FOR MORE INFORMATION VISIT
WWW.TELENOORTHOADATATELLIMENT.COM.

the Court will hold a hearing in this case on April 11, 2026 at 9:00 a.m., to consider whether to approve the Settlement. The Court will consider Class Counsel's request for attorney fees and costs and costs of Plaintiff. You may attend the hearing at your own cost, but you do not have to.

The Court has appointed Primary Research of St. Louis Bottrelli PLLC and John Nelson of McBee Colleman Bryson Phillips Grossman, PLLC to represent the Settlement Class ("Class Counsel").

DO NOT MURK if you do nothing, you will not receive Settlement benefits and will lose the right to sue regarding any issues relating to this action. You will be bound by the Court's decisions because this is a conditionally certified class action.

Object: If you do not exclude yourself, you have the right to object to the settlement offer made by us. Within one month of receiving the offer, you may do so by sending a letter to the Settlement Administrator at the address below. Please visit the Settlement Website at www.TelomotherapySettlement.com for more details.

will be bound by the settlement terms and give up your right to sue later than FEBRUARY 16, 2026. If you do not exclude yourself, you disregard the settled claims.

Opt Out You may exclude yourself from the settlement and retain your ability to sue Defendants on your own behalf. Settlement Administrators may mail a written request for exclusion to the Settlement Administrator that is posted on the Settlement Administrator's website.

WHAT ARE YOUR RIGHTS AND OPTIONS?
www.TerminOrthoHoldaSettlement.com.

of \$100.00 in lieu of all other Settlement Benefits. More information about the types of claims and how to file them is available at

expenses resulting from the Data Incident ("Ordinary Losses"); (iv) expenses resulting from the Data Breach ("Lost Time"); (v) an alternative cash payment up to 4 hours of lost time at \$40 per hour for time spent in response to the Data Breach; and (vi) an alternative cash payment for the first hour of lost time at \$40 per hour for time spent in response to the Data Breach.

the following: (i) three (3) years of one-bureau Credit Monitoring services with at least \$1,000,000 in identifiably high insurance; (ii) services with at least \$1,000,000 in documented high insurance; (iii) to \$10,000,000 for reinsurance in documented high insurance; (iv) to \$10,000,000 for reinsurance in documented high insurance; (v) to \$10,000,000 for reinsurance in documented high insurance.

WHAT ARE THE SETTLEMENT BENEFITS?

County) because you reside in the United States and your personally identifiable information ("PII") and private health information ("PHI") was compromised in the Data Breach disclosed by Telton

Teton Orthopaedics Data Settlement

Complete this Claim Form, tear at the perforation, and return by U.S. Mail no later than **MARCH 18, 2026**.

NAME: _____

ADDRESS: _____

CREDIT MONITORING SERVICES

Check this box if you would like to claim free **Credit Monitoring Services**.

CASH BENEFITS

Check this box if you would like to claim reimbursement for **Ordinary Losses** in the amount of \$_____.
Supporting documentation is REQUIRED.

Check this box if you would like to claim reimbursement for **Extraordinary Losses** in the amount of \$_____.
Supporting documentation is REQUIRED.

Check this box if you would like to claim reimbursement for **Lost Time** spent responding to the Data Security Incident.
How many hours are you claiming? 1 hour (\$40) 2 hours (\$80) 3 hours (\$120) 4 hours (\$160)

I swear and affirm that I spent the amount of time noted in response to the Data Breach.

ALTERNATIVE CASH PAYMENT

Check this box if you wish to receive a **cash payment of \$100**.

You are **not** entitled to this Alternative Cash Payment if you have checked any of the above Settlement Benefits.

I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim can be deemed complete and valid.

Signature (REQUIRED): _____

www.TetonOrthoDataSettlement.com
class action settlement.
compensation under a
for monetary
to submit a claim
You may be entitled

NOTICE OF CLASS ACTION
SETTLEMENT

Postal Service: Please Do Not Mark Barcode

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