Retina Settlement Administrator
P.O. Box 3958
Baton Rouge, LA 70821

Your Claim Form must be postmarked or submitted online no later than January 15, 2027

Sarah Goodman and Stance Schudy v. Illinois Retina Associates, PLLC, Northern California Advanced Surgery Center, LP, and Retina Group, Inc. d/b/a Retina Consultants of America

Case No. 2026-CH-05572

Circuit Court of Cook County, Illinois, County Department, Chancery Division

CLAIM FORM

I. GENERAL INSTRUCTIONS

You may complete and submit this Claim Form online or by mail if you are a Settlement Class Member. The Settlement Class consists of:

- **Portal Subclass:** All individuals residing in the United States who accessed the portal pages through any of the Retina Entities' Websites during the alleged implementation period of Meta Pixel, Google Analytics, Google Tag Manager, or other advertising tracking technology, as reflected in available portal interaction data.
- **Visitor Subclass:** All individuals residing in the United States who accessed any of the Retina Entities' Websites during the alleged implementation period of Meta Pixel, Google Analytics, Google Tag Manager or other advertising tracking technology as reflected in available website interaction data, and who are not part of the Portal Subclass.

The easiest way to submit a claim is online at www.RetinaSettlement.com or you may complete and mail this claim form to the mailing address above.

Important: You must submit a claim to receive any monetary benefit. If you do nothing, you will receive nothing — but you will still be bound by this Settlement.

The Settlement provides the following benefits:

1) **Pro Rata Cash Subclass Payment:** The Settlement Fund of $4,500,000.00 is allocated as follows: $1,175,160.00 to the Portal Subclass and $3,324,840.00 to the Visitor Subclass. Class members receive a *pro rata* share of the fund allocated to their Subclass. No documentation is required to submit an initial Claim Form, although the Settlement Administrator may request additional information or verification as needed. **Individuals who qualify as both a Visitor and a Portal Subclass Member should identify as Portal Subclass Members.**
2) **Credit Monitoring and Insurance Services (CMIS):** All Class Members may elect to receive one (1) year of Credit Monitoring and other services, including up to $1,000,000 in identity theft insurance and one (1) bureau credit monitoring. If you already have credit monitoring, you may defer enrollment by 12 months at no additional charge.

II. SETTLEMENT CLASS MEMBER INFORMATION

*All required information is marked with **

First Name* | Middle Initial | Last Name*

Mailing Address*

City* | State* | Zip Code*

Current Email Address* | Phone Number

Settlement Claim ID (if known)

III. SETTLEMENT BENEFITS

Pro Rata Cash Subclass Payment

Settlement Class Members can submit a Claim Form and receive a *pro rata* share of the Settlement Fund allocated to their Subclass. **Individuals who qualify as both a Visitor and a Portal Subclass Member should identify as Portal Subclass Members. Subclass eligibility will be determined by the Settlement Administrator based upon the information submitted and reasonably available Settlement Class data.**

☐ Check this box to certify that you are a Portal Subclass Member and wish to receive a Pro Rata Cash Subclass Payment.

☐ Check this box to certify that you are a Visitor Subclass Member and wish to receive a Pro Rata Cash Subclass Payment.

Credit Monitoring and Insurance Services (CMIS)

All Settlement Class Members who submit a valid Claim Form may elect to receive one (1) year of Credit Monitoring and other services, including up to $1,000,000 in identity theft insurance and one (1) bureau credit monitoring. If you already have credit monitoring services, you may elect to defer enrollment by 12 months at no additional charge.

☐ Check this box if you wish to receive credit monitoring and insurance services benefit.

IV. PAYMENT METHOD

Please select one of the following payment options, which will be used should you be eligible to receive a Settlement Payment:

Check one: ☐ Physical Check ☐ Venmo ☐ Zelle ☐ PayPal

Mobile Number/Email Address:_____

**Please provide the mobile number or email address associated with your PayPal, Venmo or Zelle account. If you do not select an option, your Settlement Payment will be issued by physical check to the mailing address in Section II.*

V. SIGNATURE

I swear (or affirm) under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

_____	_____	_____
Printed Name*	Signature*	Date*