

CLAIM FORM

Doe et al. v. San Diego Fertility Center Medical Group, Inc. et al., Case No. 37-2024-00006118

GENERAL INSTRUCTIONS

This Claim Form is for the class action settlement in the matter of *Doe et al. v. San Diego Fertility Center Medical Group, Inc. et al.*—California Superior Court, Case No.: 37-2024-00006118 (the “Civil Action”). Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves. If the Court approves the Settlement, payments to eligible Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after the completion of all claims processing.

If you received a notice about this class action Settlement addressed to you, then the Settlement Administrator has already determined that you are a Settlement Class Member.

RELEASE

By submitting a signed Claim Form, you are swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto. By executing this Claim Form, you will be releasing the Released Parties of the Released Claims.

“Released Parties” means all persons or entities involved in the creation, publication, development, operation, or distribution of Defendants’ Web Properties, including San Diego Fertility Center Medical Group, Inc., Ivy Fertility Services, LLC, and their predecessors, successors, and present, future and former affiliates, present affiliates, including the clinics identified in the Civil Action Complaints, parents, subsidiaries, divisions, insurers, reinsurers, officers, directors, board members, principals, attorneys, agents, representatives, employees, and assigns, including, without limitation, any investors, trusts, or other similar or affiliated entities and all persons acting by, through, under, or in concert with any of them, including any party that was or could have been named as a defendant in either Civil Action.

“Released Claims” means all actions, claims, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, complaints, charges, commissions, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, liabilities, obligations, complaints, rights, and demands whatsoever, at law, admiralty or in equity, whether known or unknown, suspected or unsuspected, against any Defendant or any Released Party, under federal law or the law of any state (from any of the 50 states, District of Columbia, and United States territories), including those relating in any way to (i) Defendants’ Web Properties; (ii) the collection, use, storage, transmission, disclosure, or sharing of any data from, regarding, belonging, or relating to users of Defendants’ Web Properties; and (iii) any agreements, contracts, disclosures, non-disclosures, obligations, acts, or omissions regarding the collection, use, storage, transmission, disclosure, or sharing of such data to the maximum extent allowed by law. Such data includes, but is not limited to, user inputs, metadata, device identifiers, app events and other analytics data, location data, health data, personally identifying information, and biometric data. Such claims include, but are not limited to, all claims that have been brought, are, or could have been brought in the Civil Actions, including any potential claims arising out of or related to Defendants’ alleged wrongful sharing to third parties. For the avoidance of doubt, this includes, but is not limited to, all claims arising out of or relating to any of Defendants’ practices, acts, or omissions alleged, described, or implied by the Civil Action Complaints.

“Defendants’ Web Properties” means the websites, portals, billing platforms, and patient appointment webpages affiliated with San Diego Fertility Center Medical Group, Inc. and Ivy Fertility Services, LLC, including but not limited to: <https://www.sdfertility.com>, <https://app.ivyfertility.com/contact-us/sdfc/scheduleconsultation>, <https://fertilitycentersoc.com/iui.html>, <https://www.reproductivepartners.com>, <https://pnwfertility.com/>, <https://www.fertilitymemphis.com/>, <https://www.idahofertility.com/>, <https://nevadafertility.com/>, <https://www.nvfertility.com/>, <https://utahfertility.com/>, <https://www.ivyfertility.com/>, and <https://www.vafertility.com>.

CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes before the Settlement benefits are issued, you must notify the Settlement Administrator.

First Name

M.I. Last Name

[illegible]

Alternative Name(s)

[illegible]

Mailing Address, Line 1: Street Address/P.O. Box

[illegible]

Mailing Address, Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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Telephone Number (Home)

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Telephone Number (Mobile)

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Email Address

[illegible]

Claim Number Provided on mailed Notice or Obtained from Settlement Administrator

[illegible]

HAVE YOU PERSONALLY VISITED ONE OR MORE OF DEFENDANTS' WEB PROPERTIES?

(In order to be eligible, you must affirm having visited one or more of the listed web properties – see Release)

_____ Yes _____ No

Please enter the approximate date of your visit: / /
mm dd yyyy

BENEFIT SELECTION

Cash Award: If you wish to receive a Cash Award payment, check the box below.

☐ I would like to receive a Cash Award.

PAYMENT METHOD SELECTION

Provide the email address associated with your PayPal, Venmo, or Zelle account below, and sign and return this Claim Form. A check will be mailed to the address above or will be deposited in the PayPal, Venmo, or Zelle account provided below.

The email address associated with my PayPal account is [OPTIONAL]:

[illegible]

The email address associated with my Venmo account is [OPTIONAL]:

[illegible]

The email address associated with my Zelle account is [OPTIONAL]:

[illegible]

CERTIFICATION AND SIGNATURE

By signing and submitting this Claim Form, you agree to the release above and certify as follows:

1. I have read and understand the contents of the Notice and this Claim Form, including the Releases provided for in the Settlement and the terms of the Plan of Allocation
2. I am a member of the Class, as defined in the Notice, and I'm not excluded by definition from the Class as set forth in the Notice.
3. I have not submitted a request for exclusion from the Class.
4. I have not submitted a claim covering the same facts alleged in the Released Claims.
5. I am subject to the jurisdiction of the Court with respect to this Claim and for purposes of enforcing the Releases set forth herein.
6. I agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Claims Administrator, or the Court may require.
7. I waive the right to trial by jury, to the extent it exists, and agree to the determination by the Court of the validity or amount of this Claim, and waive any right of appeal or review with respect to such determination.
8. I acknowledge that I am bound by and subject to the terms of any judgment(s) that may be entered in the Action; and

I SWEAR AND AFFIRM UNDER THE LAWS OF MY STATE THAT ALL OF THE INFORMATION PROVIDED BY ME ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THIS FORM WAS EXECUTED ON THE DATE SET FORTH BELOW.

Signature

Date

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE MAILED BY OR RECEIVED ONLINE AT:

WWW.SDFCIVYPIXELSETTLEMENT.COM

NO LATER THAN JUNE 24, 2025.