

Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice that your private information may have been implicated in the *Allin, et al. v. Compassion Health Care, Inc.* Data Incident that took place on or about March 17, 2025 and if you did not opt out of the settlement, you may submit a claim.

The easiest way to submit a claim is online at www.CHCDataSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one Cash Payment option and elect to receive Credit Monitoring Services.

Medical Data Monitoring: In addition to electing a Cash Payment, you may submit a claim for two (2) years of Credit Monitoring which includes medical data monitoring and provides for \$1,000,000 of identity theft insurance. Enrollment instructions will be provided once the Settlement receives final approval.

Cash Payment Options: You may only select one of the following cash payments. If you select the Alternate Cash payment for \$40, you may not claim the Cash Payment A for Documented Losses.

Cash Payment A – Documented Losses: All Settlement Class Members who submit a Valid Claim are eligible to receive reimbursement for documented losses caused by the Data Incident, if not already reimbursed through any other source, not to exceed \$5,000 per Settlement Class Member. Additionally, all Settlement Class Members who submit a Valid Claim for documented losses may submit a claim to recover time spent related to the Data Incident, at a rate of \$25 per hour for up to four (4) hours (for a total of up to \$100). Any reimbursement for lost time related to the Data Incident is included within, and subject to the \$5,000 cap on documented losses. The maximum amount of the documented losses, \$5,000 may be decreased on a pro rata basis, depending upon whether the Settlement Cap is exceeded.

Cash Payment B – Alternate Cash: As an alternative to filing a claim for Cash Payment A for Documented Losses, Settlement Class Members can elect to make a claim for a \$40 Alternate Cash Payment. The amount of the Alternative Cash Payment may be decreased on a pro rata basis, depending upon whether the Settlement Cap is exceeded.

Claims must be submitted online or mailed by February 23, 2026. Use the address at the top of this form for mailed claims.

For more information and complete instructions visit www.CHCDataSettlement.com.

Settlement benefits will be distributed after the Settlement is approved by the Court and final.

Your Information

This information will be used solely to contact you and to process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing CHCDataSettlement@cptgroup.com.

[illegible][illegible][illegible]

--	--

--	--	--	--	--

--	--	--

−

--	--	--

−

--	--	--	--

[illegible]

--	--	--	--	--	--

Medical Data Monitoring

You can receive two (2) years of free credit monitoring services which includes medical data monitoring and provides for \$1,000,000 of identity theft insurance. You can choose this option even if you also chose a Cash Payment.

☐ Check this box to receive 2 years of Medical Data Monitoring

Cash Payment

You can submit a claim for one of the following cash payments: Cash Payment A – Documented Losses including Lost Time **or** Cash Payment B – Alternate Cash.

1. Cash Payment A – Documented Losses: You can receive reimbursement for documented losses up to \$5,000 total, including your claim for Lost Time, if you lost or spent money trying to prevent or recover from fraud or identity theft that you believe is fairly traceable to the Data Incident and have not been reimbursed for that money.

Examples of documented losses include: out of pocket expenses incurred as a result of the Data Incident, including (without limitation) bank fees, long distance phone charges, cell phone charges (only charged by the minute), data charges (only if charged based on the amount of data used), postage, gasoline for local travel and fees for credit reports, credit monitoring, or other identity theft insurance products purchased between March 17, 2025, and the date of the Claims Deadline.

Examples of supporting documentation include (but are not limited to): (i) credit card statements; (ii) bank statements; (iii) invoices; (iv) telephone records; and (v) receipts. “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. You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source.

To obtain reimbursement under Documented Losses, you must provide the details below and attach supporting documentation.

Date	Description of Expense and Supporting Documents	Amount

ATTACH DOCUMENTS: Attach a copy of credit card statements, bank statements, invoices, telephone records, and receipts for each expense (you may redact unrelated transactions).

Lost Time: If you submit a valid claim for documented losses and also spent time dealing with issues related to the Data Incident, you may receive reimbursement of \$25 per hour up to four (4) hours (for a total of up to \$100). Claims made for Lost Time must be combined with reimbursement for Documented Losses, subject to the \$5,000 aggregate cap referenced above.

To obtain reimbursement under Lost Time, round up to the nearest hour and check only one box.

- ☐ 1 Hour
- ☐ 2 Hours
- ☐ 3 Hours
- ☐ 4 Hours

Date	Description of Lost Time spent dealing with issues related to the Data Incident

2. Cash Payment B – Alternate Cash: As an alternative to filing a claim for Cash Payment A for Documented Losses, you can elect to make a claim for a \$40 Alternate Cash Payment.

- ☐ Check this box to receive a cash payment of \$40 in the alternative to compensation Documented Losses and Lost Time.

How You Will Receive Your Payment

If you make a claim for a cash payment using this Claim Form, you will receive your payment by check. To receive an electronic payment, submit your claim online at www.CHCDataSettlement.com.

Signature

I attest under penalty of perjury that the information supplied in this Claim Form is true and correct to the best of my knowledge. I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete and valid.

Signature

Date: _____ - _____ - _____
MM DD YYYY