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CENCORA DATA SECURITY INCIDENT SETTLEMENT CLAIM FORM
Anaya, et al. v. Cencora, Inc., et al., Case No. 2:24-cv-02961-CMR (E.D. Pa.)

**USE THIS FORM TO MAKE A CLAIM FOR A DOCUMENTED LOSS PAYMENT
OR FOR A CASH FUND PAYMENT. THIS CLAIM FORM MAY BE SUBMITTED
ELECTRONICALLY OR BY MAIL.**

THE DEADLINE TO SUBMIT THIS CLAIM FORM IS: JANUARY 19, 2026

I. GENERAL INSTRUCTIONS

On or about February 27, 2024, Cencora, Inc. and The Lash Group, LLC (“Cencora”) filed a Form 8-K Report with the U.S. Securities and Exchange Commission publicly disclosing that it had learned that data from its information systems had been improperly accessed by unknown parties, some of which may contain Personal Information (the “Incident”).

You are a Class Member if you are an individual or other person who resides in the United States or its territories and:

- You received mailed Incident Notice or substitute notice of the Incident on Cencora’s website and/or in a media press release;

OR

- There are circumstances occurring on or after September 1, 2023, through August 5, 2025, suggesting that you are aware of harm potentially arising from the unauthorized use of your Personal Information, such as receipt of an unexpected explanation of benefits statement or a fraud alert from a bank that upon inquiry, would have caused you to determine that the harm may have been caused by the Incident.

As a Class Member, you are eligible to make a claim for **ONE** of the following cash Settlement Benefits:

- **Documented Loss Payment** – You may submit this Claim Form for a Documented Loss Payment up to \$5,000, subject to a cap of \$5,000,000 for all Documented Loss Payments, by providing supporting Reasonable Documentation that you spent money or incurred losses related to the Incident on or after September 1, 2023, and up to the Claims Deadline, **January 19, 2026**;

OR

- **Cash Fund Payment** – Instead of selecting a Documented Loss Payment and providing Reasonable Documentation, you may choose to submit this Claim Form for a Cash Fund Payment with no documentation either through the Settlement Website or by mail to receive a Cash Fund Payment. The amount of your Cash Fund Payment depends on the number of valid claims for Cash Fund Payments and how much of the Settlement Fund remains after payment of Approved Claims for Documented Loss Payments, any Court-approved attorneys’ Fee Award and Costs, Service Awards to the Class Representatives, escrow fees, Taxes due on any interest earned by the Settlement Fund, and Administrative Expenses for Notice and Settlement administration costs.

In the event you choose to submit this Claim Form for a Documented Loss Payment, but your Claim Form is incomplete or otherwise defective after being given an opportunity to correct the deficiencies, the Settlement

Questions? Go to www.CencoraIncidentSettlement.com or call toll-free (833) 621-8029.



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Administrator will automatically treat an uncured, incomplete, or defective Documented Loss Payment claim as a claim for a Cash Fund Payment, provided you are a member of the Settlement Class.

Complete information about the Settlement and the Settlement Benefits is available at **www.CencoraIncidentSettlement.com**.

This Claim Form may be submitted online at **www.CencoraIncidentSettlement.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 Reasonable Documentation, by U.S. mail to:

Cencora Data Security Incident Settlement Administrator
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash Settlement Payments, you must notify the Settlement Administrator in writing at the address above or by calling **toll-free (833) 621-8029**.

First Name

M.I. Last Name

Alternative Name(s)

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

Mailing Address, Line 2:

City:

State:

Zip Code:

Cellular Telephone Number

Home Telephone Number

() -

() -

Email Address

@

Date of Birth (mm/dd/yyyy)

Class Member ID Provided on mailed Class Settlement Notice (if known)

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III. CLASS MEMBERSHIP

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Please check this box if you received a mailed Notice related to this class action Settlement, and you have provided your Class Member ID in Section II above.

Questions? Go to **www.CencoraIncidentSettlement.com** or call toll-free **(833) 621-8029**.



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Please check this box if you have **not** received a mailed Notice related to this class action Settlement but believe that you should be included in the Settlement Class. If you check this box, you must provide Proof of Class Membership in the form of Reasonable Documentation showing either that your Personal Information may have been involved in the Incident or that you took action as a result of receiving Notice or substitute notice of the Incident. Examples of Proof of Class Membership include:

(1) A copy of the Notice of Data Security Incident you received following the Incident by mail or by substitute notice;

OR

(2) A document showing you were enrolled in, inquired about, or were provided information with respect to a patient support program administered by The Lash Group on behalf of any of the drug companies identified in Section 2.41(b) of the Settlement Agreement. Such documentation can include a confirmation of enrollment, communications regarding the inquiry, or a confirmation of benefits received through the patient support program;

OR

(3) A document showing actions you took after seeing Notice of the Incident on Cencora's website and/or in a media press release, such as proof that you signed up for credit monitoring.

You **cannot** receive both a Cash Fund Payment **and** a Documented Loss Payment.

You may select ONE of the following options:

IV. CASH FUND PAYMENT

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If you wish to receive a Cash Fund Payment, you must (i) check this box; (ii) complete the payment selection method below; and (iii) submit this Claim Form online at **www.CencoraIncidentSettlement.com** or return this Claim Form to the Settlement Administrator by mail, **postmarked no later than January 19, 2026**.

If you wish to receive a Cash Fund Payment but do **not** have a Class Member ID, you must separately sign and date the Certification below.

CERTIFICATION

(REQUIRED FOR CASH FUND PAYMENT CLAIMANTS WITH NO CLASS MEMBER ID)

By submitting this Claim Form for a Cash Fund Payment, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct. I understand that this claim and my membership in the Settlement Class may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me.

Signature

Date: ____/____/____

Questions? Go to www.CencoraIncidentSettlement.com or call toll-free (833) 621-8029.



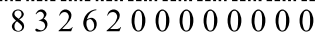
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OR

☐ Please check this box if you are electing to seek reimbursement for up to \$5,000 of Documented Losses you incurred that are more likely than not traceable to the Incident and not otherwise reimbursed by any other source. Documented Losses include unreimbursed losses and consequential expenses that are more likely than not related to the Incident and incurred on or after September 1, 2023, and up to the Claims Deadline of **January 19, 2026**.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="radio"/> Unreimbursed fraud losses or charges	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>
<input type="radio"/> Professional fees incurred in connection with identity theft or falsified tax returns	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i>
<input type="radio"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div><div></div><div></div> </div>	<i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount</i>

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)																			
return filing																						
<input type="radio"/> Credit freeze	<table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> (mm/dd/yy)			/			/			\$ <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>									.			<i>Examples: Notices or account statements reflecting payment for a credit freeze</i>
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<input type="radio"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	<table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> (mm/dd/yy)			/			/			\$ <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>									.			<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Cencora Incident</i>
		/			/																	
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<input type="radio"/> Other (provide detailed description)	<table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> (mm/dd/yy)			/			/			\$ <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>									.			<i>Please provide detailed description below or in a separate document submitted with this Claim Form:</i>
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ATTESTATION
(REQUIRED FOR DOCUMENTED LOSS PAYMENT CLAIMS ONLY)

By submitting this Claim Form for a Documented Loss Payment, I attest that I am eligible to submit a claim in this Settlement; that the information provided in this Claim Form for a Documented Loss Payment and any attached Reasonable Documentation is true and correct; and that I incurred the Documented Losses claimed above and was not reimbursed for those losses. I declare under penalty of perjury pursuant to 28 U.S.C. §1746 that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all Settlement Payments are subject to the availability of the Settlement Fund and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature

Date: ____/____/____

Print Name

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VI. PAYMENT SELECTION

Please select **one** of the following payment options.

- ☐ **PayPal** - Enter your PayPal email address: _____
- ☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____-____-____
- ☐ **Zelle** - Enter the mobile number associated with your Zelle account: ____-____-____
- ☐ **Physical Check** - Payment will be mailed to the address provided in Section II above.

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