CarePro Data Incident Claims Administrator
P.O. Box 1188
Baton Rouge, LA 70821

**Your Claim Form must be postmarked or submitted online no later than December 3, 2025**

*Bell et al. v. C.R. Pharmacy Services, Inc., No. CVCV104303*

# CLAIM FORM

## SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a claim form if you are an individual whose Personal Information was potentially compromised in the Data Incident CarePro experienced on or about November 16, 2023.

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

**You may submit a claim for one or more of these benefits:**

**(1) Reimbursement for Documented Monetary Losses:**

All Settlement Class Members may submit a Claim for a cash payment under this section for up to $5,000.00 per Settlement Class Member upon presentment of documented losses related to the Data Incident. To receive payment for Documented Monetary Losses, you must attest that losses or expenses were incurred as a result of the Data Incident.

You will be required to submit reasonable documentation supporting the losses. Documented Monetary Losses may include but are not limited to: (i) out of pocket credit monitoring costs that were incurred on or after November 16, 2023, through the date of Claim submission; (ii) unreimbursed losses associated with actual fraud or identity theft; and (iii) unreimbursed bank fees, long distance phone charges, postage, or gasoline for local travel. You may make claims for any documented unreimbursed out-of-pocket losses reasonably related to the Data Incident or to mitigating the effects of the Data Incident.

**(2) Pro Rata Cash Payment:**

In addition to or instead of Documented Monetary Losses, you may claim a *pro rata* cash payment in the estimated amount of $100.00. The payments shall be calculated by dividing remaining funds in the Settlement Fund, after payment of Claims Administration Fees, Attorneys' Fees Costs and Expenses, Credit Monitoring and Identity Restoration Services, and Documented Monetary Losses, by the number of eligible claims. The Pro Rata Cash Payments will be adjusted upwards or downwards based upon the number of valid claims filed.

**(3) Credit Monitoring and Identity Theft Restoration Services:**

In addition to electing any of the other benefits, Settlement Class Members may claim two years of three-bureau Credit Monitoring that will provide the following benefits: three-bureau credit monitoring, dark web monitoring, identity theft insurance coverage for up to $1,000,000, and fully managed identity recovery services.

**Claims must be submitted online or mailed by December 3, 2025. Use the address at the top of this form to mail your Claim Form.**

**Please note that Settlement benefits will be distributed after the Settlement is approved by the Court and becomes final.**

## Your Information

**1. NAME (REQUIRED):**

First Name | MI | Last Name

**2. MAILING ADDRESS (REQUIRED):**

Street Address

Apt. No.

City | State | ZIP Code

**3. PHONE NUMBER:**

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**4. EMAIL ADDRESS:**

**5. UNIQUE ID:**

## Pro Rata Cash Payment

Payments may be made by electronic payment or by paper check. In the event that the total amount of Valid Claims exhausts the amount of the Settlement Fund, the amount of the Cash Payment may be reduced pro rata accordingly (after payment of all approved Documented Monetary Loss Claims, Credit Monitoring, Claims Administration costs, Service Awards, and Plaintiffs' Counsel's Fees and Expenses).

☐ **I wish to receive a Pro Rata Cash Payment, currently estimated to be $100.**

## Reimbursement for Documented Monetary Losses

You can receive reimbursement for up to a total of $5,000.00 per person for documented out-of-pocket expenses related to the Data Incident incurred by a Settlement Class Member on or after November 16, 2023, through the date of Claim submission.

You must submit documentation supporting your Claim Form for Documented Monetary Losses, which may include, but are not limited to, out-of-pocket credit monitoring costs, unreimbursed losses associated with actual fraud or identity theft, or other out-of-pocket losses reasonably related to the Data Incident or to mitigating the effects of the Data Incident.

| **Expense Type** | **Approximate Amount of Expense and Date** | **Description of Expense or Money Spent and Supporting Documents** (Identify what you are attaching, and why it's related to the Data Incident) |
|---|---|---|
| *Out-of-pocket credit monitoring costs that were incurred on or after November 16, 2023, through the date of claim submission.* | | |
| *Unreimbursed bank fees, long distance phone charges, postage, or gasoline for local travel.* | | |
| *Unreimbursed losses associated with actual fraud or identity theft (provide a detailed description).* | | |
| *Other out-of-pocket losses reasonably related to the Data Incident or to mitigating the effects of the Data Incident (provide a detailed description).* | | |

☐ **I attest that the losses or expenses claimed were incurred as a result of the Data Incident.**

## Credit Monitoring and Identity Theft Restoration Services

You may choose to elect to receive two (2) years of free three-bureau credit monitoring. *Please include your email address and mailing address on page 2 of this Form.*

☐ **I wish to receive two (2) years of free three-bureau credit monitoring.**

## Payment Selection

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

☐ 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 above.

## Signature

I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

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

| _____ | _____ | _____ |
|---|---|---|
| Printed Name | Signature | Date |