


Unique ID: 8 3 2 8 6 0 0 0 0 0 0 0

The DEADLINE
to submit or mail this
Claim Form is:
January 13, 2026

In re City of Hope Data Security Breach Litigation,
Case No. 24STCV09935

For Office Use Only

SETTLEMENT CLAIM FORM

TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT
WWW.CITYOFHOPEDATABREACHSETTLEMENT.COM NO LATER THAN JANUARY 13, 2026.

ATTENTION: *This Claim Form is to be used to apply for relief related to the Data Security Incident, discovered in October 2023 and for which notice to potentially impacted individuals was provided by City of Hope beginning in April 2024. Class Members are eligible for one of two forms of monetary payment: (1) a cash payment of approximately \$100, which may be adjusted on a pro rata basis, or (2) reimbursement of certain documented losses incurred because of the Data Security Incident, up to a cumulative value of \$5,000 per claimant. In addition to the aforementioned benefits, Class Members who are residents of California (and/or resided in California at any point between September 19, 2023, and January 13, 2026) are entitled to a statutory cash payment of approximately \$250, which may be adjusted on a pro rata basis. All Class Members who elect a monetary payment will automatically receive a code to enroll in medical identity theft protection services through CyEx.*

To submit a Claim, you must have been identified as an individual whose Private Information was involved in the Data Security Incident that is the subject of the Notice of Data Breach that was sent on or around April 2024 or thereafter, and received Notice of this Settlement with a Unique ID.

Please review this entire Claim Form. Failure to submit required documentation, or to complete all necessary parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.

ASSISTANCE: *If you have questions, please visit the Settlement Website at www.cityofhopedatabreachsettlement.com or call (833) 630-8405.*

REGISTRATION

First Name MI Last Name

Mailing Address

City State Zip Code

Telephone Number: (____) ____ - ____

Email Address: _____@_____

Please provide the Unique ID identified on the Notice that was sent to you:

8 3 2 8 6 _____


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Instructions. Please follow the instructions below and answer the questions as instructed.

CASH PAYMENT

Would you like to receive a Cash Payment under the Settlement? (select one)

Yes

No

** The Parties estimate that payments under this option will be approximately \$100. However, the value of payments under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, fees, and expenses. You do not need to have incurred out-of-pocket losses or expenses to receive this payment.*

DOCUMENTED LOSS PAYMENT

In lieu of a cash payment, the Settlement provides reimbursement for monetary losses up to \$5,000 actually incurred by a Class Member and supported by reasonable documentation for attempting to remedy or remedying issues that are fairly attributable to the Data Security Incident. Such losses must have been incurred on or after September 19, 2023. Examples of losses or expenses that can be reimbursed include, but are not limited to, money spent for credit monitoring services, to hire professional services to remedy identity theft, to freeze your credit, or to remedy a falsified tax return or inaccurate entries on your credit report. To obtain reimbursement, you must provide a brief description of what the losses or expenses were for, and provide supporting third-party documentation, such as receipts, bank statements, credit card statements, invoices, telephone records, or reports.

Did you incur any financial expenses or losses that you believe were a result of the Data Security Incident? (select one)

Yes

No

If you selected no, please proceed to the end of this claim form to provide a date and signature.

If you selected yes, for each loss or expense that you believe you incurred as a result of the Data Security Incident, please provide a short description of the loss, the date of the loss, and the type of documentation you will be submitting to support the loss. You must provide ALL of this information for this Claim to be processed. **Supporting documents must also be submitted with this Claim Form.** “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. Please provide only copies of your supporting documents and keep all originals for your personal files.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 6 - 1 7 - 2 4 MM DD YY	\$ 5 0 • 0 0	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 7 - 3 0 - 2 4 MM DD YY	\$ 3 0 0 • 0 0	Copy of the professional services bill
	MM DD YY	\$ •	
	MM DD YY	\$ •	
	MM DD YY	\$ •	
	MM DD YY	\$ •	
	MM DD YY	\$ •	
	MM DD YY	\$ •	
	MM DD YY	\$ •	

REIMBURSEMENT FOR LOST TIME

Class Members who spent time dealing with the Data Security Incident are entitled to compensation for this lost time at a rate of \$25 per hour, up to four (4) hours.

Did you spend uncompensated time dealing with the Data Security Incident, and would you like to receive reimbursement for this time at a rate of \$25 per hour, up to four (4) hours? (select one)

Yes No

If you selected “Yes,” please indicate how much time you spent dealing with the Data Security Incident.

_____ hour(s) _____ minute(s)

** By selecting “Yes” and providing time spent, you attest and affirm that the representations above seeking compensation for time lost dealing with the Data Security Incident are true and correct and that you understand you are submitting this Claim form including those representations under penalty of perjury. You further understand that your failure to select “Yes” may render your claim for lost time null and void.*

CALIFORNIA STATUTORY CASH PAYMENT

Class Members who are residents of California (and/or who resided in California at any point between September 19, 2023 and January 13, 2026) ("California Settlement Class Members") can submit a claim for payment of up to \$250 for their alleged statutory claims under the California Consumer Privacy Act, the California Customer Records Act, California's Unfair Competition Law, and California's Confidentiality of Medical Information Act. The California Statutory Cash Payment is an additional settlement benefit made available to California Settlement Class Members that is in addition to a Settlement Class Member's selection of either a cash payment or a documented loss payment.

Are you eligible for and would you like to receive up to a \$250 California Statutory Cash Payment under the Settlement? (select one)

Yes

No

** The Parties estimate that payments under this option will be approximately \$250. However, the value of payments under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, fees, and expenses.*

*** By selecting "Yes," you attest and affirm that the representations above seeking a California Statutory Cash Payment are true and correct and that you understand that you are submitting this Claim form including those representations under penalty of perjury. You further understand that your failure to select "Yes" may render your claim for a California Statutory Cash Payment null and void.*

FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive payment under this Settlement in the form of a check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.cityofhopedatabreachsettlement.com.

CLASS MEMBER AFFIRMATION

By submitting this Claim Form and signing my name below, I declare under penalty of perjury that the following information I provided is true and accurate to the best of my knowledge, as applicable: (1) I received notification from City of Hope National Medical Center or the Settlement Administrator that I am a potential Class Member; (2) any losses or expenses identified above were incurred by me on or after September 19, 2023 as a result of the Data Security Incident; (3) that I spent the identified amount of time dealing with the Data Security Incident for which I am seeking to be reimbursed; and/or (4) I currently am a California resident (and/or resided in California at any point between September 19, 2023 and January 13, 2026) and am seeking a California Statutory Cash Payment on that basis.

Signature

_____/_____/_____
Dated (MM/DD/YYYY)

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