**Your claim must be submitted online or postmarked by: January 12, 2026.**

***Downey & Sullivan v. Intermountain Planned Parenthood, Inc. d/b/a Planned Parenthood of Montana***
Cause No. DV-56-0000836-OC
Thirteenth Judicial District Court for Yellowstone County, Montana

**DATA INCIDENT SETTLEMENT CLAIM FORM**

**Your claim must be submitted online or postmarked by: January 12, 2026.**

## GENERAL INSTRUCTIONS

**Who is eligible to file a claim?** The court has defined the Settlement Class as: All living individuals in the United States who received Notice, including notice of the Settlement, that their Private Information may have been impacted in the Data Incident.

**Excluded from the Settlement Class** are: (1) the Judge in this case, and the Judge's immediate family and staff, (2) Defendant and its officers and directors; (3) anyone who validly excludes themselves from the Settlement; (4) government entities; and (5) anyone who perpetrated the Data Incident.

**COMPLETE THIS CLAIM FORM IF YOU ARE A SETTLEMENT CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT CLASS MEMBER BENEFITS**

## SETTLEMENT CLASS MEMBER BENEFITS

The Settlement provides that all Settlement Class Members may submit a claim for 1) a Cash Payment; and 2) Medical Data Monitoring.

**Medical Data Monitoring.** All Class Members are eligible to enroll in two years of CyEx Medical Shield Pro. This comprehensive service comes with $1 million of medical identity theft insurance, and includes monitoring for:

- healthcare insurance ID exposure
- Medical Record Number (MRN) exposure
- unauthorized Health Savings Account (HSA) spending

If you suffer medical identity fraud, a dedicated case manager will help you fix it.

### Cash Payment

**Documented Out-of-Pocket Losses.** If you incurred actual, documented out-of-pocket losses traceable to the Data Incident, you may submit a claim for reimbursement, to **$5,000.00**. The actual, documented losses must have occurred between September 6, 2024, and January 12, 2026.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

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You must submit documentation to support your claim, such as bank statements, receipts, postage, or copying expenses, to show how much you spent or lost and that it was related to the Data Incident. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a valid claim.

**AND**

**Lost Time.** If you spent time remedying issues related to the Data Incident you may claim up to four hours of your lost time at $20.00 per hour, for a maximum of **$80.00**. You must attest that the time claimed was spent as a result of the Data Incident.

You must have spent the time on tasks related to the Data Incident. Some examples include things like:

- changing your passwords
- investigating suspicious activity in your accounts
- researching the Data Incident.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@PPMTSettlement.com
- Call toll free, 24/7: 1-833-417-4890
- By mail: PPMT Data Incident Settlement, c/o Settlement Administrator, P.O. Box 25226, Santa Ana, CA 92799-9958.

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT www.PPMTSettlement.com.**

You may also print out and complete this Claim Form, and submit it by U.S. mail to:

PPMT Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799-9958

An electronic image of the completed Claim Form can also be emailed to info@PPMTSettlement.com.

You must submit online, mail, or email your Claim Form by **January 12, 2026**.

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## I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form. All fields are required. **Please print legibly.**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID (if known)

## II. MEDICAL DATA MONITORING

☐ Check this box if you would like to enroll in two years of CyEx Medical Shield Pro Medical Data Monitoring.

## III. CASH PAYMENT – DOCUMENTED OUT-OF-POCKET LOSSES

☐ Check this box if you would like to claim reimbursement for documented out-of-pocket losses. You may submit a claim for up to $5,000.00.

*Please complete the table below, describing the supporting documentation you are submitting.*

| ***Description of Documentation Provided*** | ***Amount*** |
|---|---|
| *Example: Fee for credit report* | *$40* |
| | |
| | |
| | |
| | |
| | |
| **TOTAL DOCUMENTED LOSSES:** | |

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

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## IV. CASH PAYMENT– LOST TIME

If you would like to submit a claim for reimbursement for time spent remedying issues caused by Data Incident, please select how many hours (up to 4) you spent.

I spent (select only **one**): ☐ 1 hour ($20.00) ☐ 2 hours ($40.00) ☐ 3 hours ($60.00) ☐ 4 hours ($80.00)

## V. PAYMENT METHOD SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a Cash Payment.

☐ **PayPal**
Email address, if different than you provided in Section 1:_____

☐ **Venmo**
Mobile number, if different than you provided in Section 1:_____

☐ **Zelle**
Email address or mobile number, if different than you provided in Section 1:_____

☐ **Virtual Prepaid Card**
Email address, if different than you provided in Section 1:_____

☐ **Physical Check**
Payment will be mailed to the address provided in Section 1.

## VI. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, and any supporting documentation, provided is true and correct to the best of my knowledge. I further swear and affirm that any lost time claimed was spent as a result of the Data Incident. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

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