

Your claim must
be submitted
online or
postmarked by:
November 14,
2025

In re Hospital Sisters Health System Data Breach Litigation

Case No. 2024CH000043
Chancery Court of Sangamon County, Illinois

DATA INCIDENT SETTLEMENT CLAIM FORM

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GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: “All persons whose personally identifiable information or personal health information was compromised in the data incident that occurred on HSHS’s network systems between August 16, 2023 and August 27, 2023 . . . including all persons who were sent a notice of this data incident.”

Excluded from the Settlement Class are: (1) HSHS’s officers and directors (unless such persons received a written notice of the Data Incident); (2) all individual who opt out of the Settlement; (3) any judge assigned to the action; and (4) any person found by a court of competent jurisdiction to be guilty under criminal law of perpetrating, aiding or abetting the criminal activity occurrence of the Data Incident or who pleads *nolo contendere* to any such charge.

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

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

AVAILABLE BENEFITS

HSHS will establish a Settlement Fund of \$7,600,000.00. The Settlement Fund will first be used to pay court-approved attorneys’ fees and costs, Service Award for the Plaintiffs, and the costs of administering the Settlement. The net remaining money will be used to pay for the benefits described below.

BENEFITS

Financial Data Monitoring. All Class Members are eligible to enroll in two years of **CyEx Financial Shield**. This comprehensive service comes with \$1 million financial fraud insurance, and includes monitoring for:

- fraud or identity theft
- unauthorized financial transactions
- compromised bank and financial account numbers

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

Cash Payments. All Class Members are eligible for one of two payment options, described below.

Questions? Call 1-(844) 496-1105 Toll-Free or Visit www.HSHSDataSettlement.com

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Option 1: Documented Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you can get back up to **\$5,000.00**. The losses must have occurred between August 16, 2023 and **November 14, 2025**.

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

You need to send proof, like bank statements or receipts, to show how much you spent or lost. 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.

Option 2: Alternative Cash Payment. Instead of the benefits in Option 1, you may claim a one-time *pro rata* cash payment.

It is expected that a significant amount of money will remain in the Settlement Fund after all expenses and all other benefits have been paid. All of this remaining money will be divided equally between everyone who claims an Alternative Cash Payment.

You do not have to provide any proof or explanation to claim this payment.

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

- Email: info@HSHSDataSettlement.com
- Call toll free, 24/7: 1 -(844) 496-1105
- By mail: HSHS Data Incident Settlement, c/o Settlement Administrator, P.O. Box 25226, Santa Ana, CA 92799-9958.

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If you received a postcard notice of this settlement, simply fill out the claim form, tear it at the perforation, and place it in the mail postmarked on or before **November 14, 2025**.

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

HSHS Data Incident Settlement
c/o Settlement Administrator

Questions? Call 1-(844) 496-1105 Toll-Free or Visit www.HSHSDataSettlement.com

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P.O. Box 25226
Santa Ana, CA 92799-9958

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

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I. 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. FINANCIAL DATA MONITORING SERVICES

- ☐ Check this box if you would like to enroll in two years of Financial Data Monitoring services through CyEx Financial Shield.

III. CASH PAYMENT OPTION 1: DOCUMENTED LOSSES

- ☐ Check this box if you would like to claim reimbursement for documented out-of-pocket losses. You can get back 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

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TOTAL CLAIMED:	

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.

IV. CASH PAYMENT OPTION 2: ALTERNATIVE CASH PAYMENT

☐ Check this box if you want to claim a one-time *pro rata* cash payment.

DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING A PAYMENT FROM SECTION III.

V. PAYMENT 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: _____

☐ **Physical Check**

Payment will be mailed to the address provided in Section 1.

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VI. ATTESTATION & SIGNATURE

I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided, is true and correct to the best of my knowledge. 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