



40087536999999991

**Must be postmarked or
submitted online
NO LATER THAN
February 18, 2026**

Yale New Haven Health Data Incident
SETTLEMENT ADMINISTRATOR
P.O. BOX 5113
PORTLAND, OR 97208-5113
www.YaleNewHavenSettlement.com

IN RE: YALE NEW HAVEN HEALTH SERVICES CORP. DATA BREACH Claim Form

Case No. 3:25-cv-00609-SRU

GENERAL INFORMATION

If you received Notice of this Settlement, the Settlement Administrator identified you as a potential member of the Settlement Class because you were identified by Yale New Haven Health Services Corporation (“Defendant”) that your Private Information may have been impacted in the cybersecurity incident that took place on March 8, 2025, involving the Defendant and resulting in the unauthorized access to or acquisition of Settlement Class members’ Private Information. The Private Information involved includes personally identifiable information and private health information consisting of but not limited to: names, addresses, dates of birth, telephone numbers, email addresses, race or ethnicity, Social Security numbers, patient types and/or medical record numbers.

You may submit a Claim Form for Settlement Class Member Benefits, outlined below, by visiting the Settlement Website at www.YaleNewHavenSettlement.com. **Claims must be submitted online or postmarked by February 18, 2026. If you would prefer to submit by mail, please use the address at the top of this form.**

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a Claim for one of the Cash Payment options:

1. **Cash Payment A – Documented Losses:** You may submit a Claim Form and provide reasonable documentation for losses related to the Data Incident for up to \$5,000 per Settlement Class Member. Supporting documentation is required.

OR

2. **Cash Payment B – Alternate Cash:** Instead of Cash Payment A, without providing documentation, you may submit a Claim Form to receive an alternate cash payment in the *estimated* amount of \$100.

AND

Medical Data Monitoring: In addition to Cash Payment A (Documented Losses) *or* Cash Payment B (Alternate Cash), you may also submit a Claim Form to receive two years of free Medical Data Monitoring.

Your Cash Payment (A or B) may be subject to a *pro rata* (a legal term meaning equal share) increase if the amount of Valid Claims does not use the entire Net Settlement Fund, calculated after payment of Settlement Administration Costs, any Attorneys’ Fees, Costs, and Service Awards, and Medical Data Monitoring has been subtracted.

Alternatively, if the amount of Valid Claims exceeds the amount of the Net Settlement Fund, your Cash Payment may be subject to a *pro rata* reduction.

For purposes of calculating the *pro rata* increase or decrease, the Settlement Administrator must distribute the funds in the Net Settlement Fund, after payment of Settlement Administration Costs, any Attorneys’ Fees, Costs, and Service Awards, in the following order: 1) Medical Data Monitoring, 2) Cash Payment A – Documented Losses, and 3) Cash Payment B – Alternate Cash. Any *pro rata* increases or decreases to Cash Payments will be on an equal percentage basis.

Injunctive Relief: Defendant has implemented, or will be implementing, additional security measures following the Data Incident.

* * *

Please note: the Settlement Administrator may contact you to request additional documents to process your Claim.

For more information and complete instructions visit www.YaleNewHavenSettlement.com.

Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes Final.

Contact Information

1. NAME (REQUIRED):

First Name

[illegible]

MI

1

Last Name

[illegible]**2. MAILING ADDRESS (REQUIRED):**

Street Address

[illegible]

Apt. No.

[illegible]

City

[illegible]

State

--	--

ZIP Code

--	--	--	--	--

3. PHONE NUMBER:

−

−

4. EMAIL ADDRESS (required if you claim benefits for Medical Data Monitoring):

[illegible]

5. UNIQUE ID:

[illegible]



40087536999999991

Medical Data Monitoring Services

You may be eligible to receive free Medical Data Monitoring services.

All Settlement Class members are eligible to claim Medical Data Monitoring services.

Please select the checkbox if you want the Medical Data Monitoring services for which you are eligible.

☐

Medical Data Monitoring services: I want to receive two free years of Medical Data Monitoring services at the email entered in the above section.

If you select this option, you will be sent instructions and an activation code to your provided email address or home address after the Settlement is Final. Enrollment in this service will not subject you to marketing for additional services or any required payments.

Cash Payment A – Documented Losses

If you lost or spent money relating to the Data Incident and have not been reimbursed for that loss/expense, you can receive reimbursement for up to \$5,000 total. Eligible losses include those incurred on or after March 8, 2025, up to the date of filing your Claim.

It is important for you to send documents that show what happened and how much you lost or spent so that you can be reimbursed. “Self-prepared” documents like handwritten receipts, personal certifications, declarations, or affidavits prepared by you are insufficient for reimbursement but can be used to add clarity or support for other submitted reasonable documentation.

PLEASE NOTE: You cannot elect to receive both Cash Payment A and Cash Payment B; you can only select one Cash Payment option.

To look up more details about how the Cash Payments work, visit **www.YaleNewHavenSettlement.com** or call toll-free **1-877-730-7795**. Please also review the Long Form Notice on the Settlement Website, which provides examples of what documents you need to attach and the types of expenses that can be claimed. *By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data incidents or breaches.*



400875369999999991

Expense Type and Examples of Documents	Amount 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)
Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft. <i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i>	\$ • Date: - - MM DD YYYY	
Other losses or costs resulting from identity theft or fraud (provide detailed description) fairly traceable to the Data Incident. <i>Examples: Account statement with unauthorized charges circled; bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased</i>	\$ • Date: - - MM DD YYYY	
Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the Data Incident. <i>Examples: Phone bills, receipts, detailed list of addresses you traveled to (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i>	\$ • Date: - - MM DD YYYY	

Cash Payment B – Alternate Cash

Instead of Cash Payment A, without providing documentation, you may elect to receive an Alternate Cash payment, *estimated* to be \$100. Your Alternate Cash payment may be subject to a *pro rata* (a legal term meaning equal share) adjustment based upon the total value of all Valid Claims.

PLEASE NOTE: You cannot elect to receive both Cash Payment A and Cash Payment B; you can only select one Cash Payment option.

☐ **By checking this box, I affirm I want to receive an Alternate Cash payment under Cash Payment B.**

Payment Selection

If eligible for a cash payment, please select the method of payment below. If digital payment is selected, the payment method will be sent to the email address provided in the Contact Information.

☐ **PayPal** - Enter your PayPal email address:[illegible]☐ **Venmo** - Enter the mobile number associated with your Venmo account:

-

-

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number:

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

or Email Address:

[illegible]

☐ **Virtual Prepaid Card** - Enter your email address:

[illegible]

☐ **Physical Check** - Payment will be mailed to the address provided in the Settlement Class Member Name and Contact Information section above.

YOU WILL RECEIVE A VERIFICATION EMAIL REGARDING YOUR DIGITAL PAYMENT. YOU MUST VERIFY AND AUTHENTICATE YOUR PAYMENT INFORMATION IN ORDER TO RECEIVE A DIGITAL PAYMENT. IF YOU DO NOT VERIFY AND AUTHENTICATE YOUR INFORMATION, A PAPER CHECK WILL BE SENT TO YOU.

DECLARATION FOR MEDICARE BENEFICIARIES CLAIMING EMOTIONAL DISTRESS

☐ (Check this box to declare) I declare that I was a Medicare beneficiary during the time period of March 8, 2025 to the present and that I am seeking benefits in this settlement related to emotional distress. If you were a Medicare beneficiary at any time during the period of March 8, 2025 to the present and are seeking any reimbursement for emotional distress, please contact the Settlement Administrator at **1-877-730-7795** to provide additional information necessary for Medicare reporting requirements.

Leave this box unchecked if either (i) you were not a Medicare beneficiary during the time period of March 8, 2025 to the present, or (ii) if you were a Medicare beneficiary at any time during the period March 8, 2025 to the present and are not seeking any reimbursement for emotional distress from this settlement.



400875369999999991

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 Settlement Administrator before my Claim is complete.

Signature

Date:

--	--

 -

--	--

 -

--	--	--	--

MM DD YYYY

Print Name