THS Settlement Administrator
P.O. Box 1268
Baton Rouge, LA 70821

Your Claim Form must be postmarked or submitted online no later than January 13, 2026

Kersey, et al., v. Therapeutic Health Services, Case No. 24-2-17679-9

CLAIM FORM

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are a U.S. resident whose Personal Information was accessed and/or acquired in the Data Incident which occurring on or around February 26, 2024 ("Data Incident"), involving Therapeutic Health Services.

The easiest way to submit a Claim is online at: www.THSDataSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

SETTLEMENT BENEFITS – WHAT YOU MAY GET

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

(1) Reimbursement for Out-of-Pocket Losses. Settlement Class Members are eligible to receive up to $5,000.00 in reimbursement for the following documented Out-of-Pocket Losses, that are fairly traceable to the Data Incident, as long as those losses have not already been reimbursed from another source:

(i) unreimbursed losses relating to fraud or identity theft;
(ii) professional fees including attorneys' fees, accountants' fees, and fees for credit repair services;
(iii) costs associated with freezing or unfreezing credit with any credit reporting agency after February 26, 2024;
(iv) credit monitoring costs that were incurred on or after February 26, 2024 through the date of claim submission; and
(v) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Participating Settlement Class Members with Out-of-Pocket Losses must provide the Settlement Administrator with the information required to evaluate the claim, including: (1) the Participating Settlement Class Member's name and current address; (2) documentation supporting their claim; (3) a brief description of the documentation describing the nature of the loss, if the loss is not apparent from the documentation alone; and (4) a statement certifying that the loss has not been reimbursed by another source. "Self-prepared" documents, such as handwritten receipts, are not sufficient on their own to receive reimbursement, but they may be submitted to help clarify or support other documentation.

(2) Cash Payment. Settlement Class Members can elect to make a Claim for a Cash Payment of up to $100. No documentation is required to make this Claim. The amount of the Cash Payment will be adjusted on a *pro rata* basis, depending upon the number of Valid Claims submitted and the amount of funds available for these payments.

(3) Credit Monitoring Services. Participating Settlement Class Members who submit a valid and timely Claim Form may also elect to receive three (3) years of three-bureau Credit Monitoring Services. No documentation or additional information is required to claim these services.

Claims must be submitted online or mailed by January 13, 2026.
Use the address at the top of this form to mail your Claim Form.

YOUR INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name | **Last Name**

Street Address

City | **State** | **Zip Code**

Email Address | **Telephone Number** | **Notice/Claim ID, if known**

REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

☐ Check this box if you are requesting compensation for **Reimbursement for Out-of-Pocket Losses** up to a total of $5,000.00.

You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	*Amount*	*Date*
Example: Receipt for credit repair services	*$100*	*MM/DD/YYYY*
TOTAL AMOUNT CLAIMED:		

☐ You must check this box to attest that the Out-of-Pocket Losses you listed above actually occurred and arose from the Data Incident.

CASH PAYMENT

Payments may be made by electronic payment or by paper check. If the total amount of Valid Claims exceeds the amount of the Settlement Fund, the amount of the Cash Payment may be reduced *pro rata* accordingly (after all valid and approved Out-of-Pocket Loss Claims, Credit Monitoring Claims, Settlement Administration costs, Service Awards, and Plaintiffs' Counsel's Fees and Expenses have been paid).

☐ Check this box if you wish to receive a *pro rata* Cash Payment.

PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **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: _____

☐ **Physical Check** - Payment will be mailed to the address provided on this form.

CREDIT MONITORING

Participating Settlement Class Members who submit a valid and timely Claim Form may also elect to receive three (3) years of three-bureau Credit Monitoring Services.

☐ Check this box if you wish to receive three (3) years of three-bureau Credit Monitoring Services.

ATTESTATION & SIGNATURE

I swear and affirm under 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 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