

USE THIS FORM ONLY IF YOU ARE SETTLEMENT CLASS MEMBER

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Claims Administrator identified you as a Settlement Class Member because your personal information may have been involved in the Data Incident. You may submit a Claim for Settlement Class Member Benefits, outlined below. Please refer to the Long Form Notice posted on the Settlement Website, NorthCareDataSettlement.com, for more information on submitting a Claim Form.

To receive Settlement Class Member Benefits including Out-of-Pocket/Financial Losses, Time Spent, Credit Monitoring Services, or an Alternative Cash Payment, you must submit the Claim Form below by October 11, 2025

This Claim Form may be submitted electronically *via* the Settlement Website at NorthCareDataSettlement.com or completed and mailed to the address below. If you choose to complete and mail in a Claim Form, please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

*Ana Chavez Maendele, et al. v. North Oklahoma County Mental Health Center, d/b/a Northcare,
c/o Northcare Settlement Administrator*

1650 Arch Street, Suite 2210, Philadelphia PA 19103

You may submit a Claim for the following Settlement Class Member Benefits

Reimbursement for Out-of-Pocket/Financial Losses: Settlement Class Members who incurred documented Out-of-Pocket or Financial Losses fairly traceable to the Data Incident may make a claim for reimbursement up to \$2,000.00 per person, with the submission of supporting documents

Reimbursement for Time Spent: Settlement Class members may also submit a claim for up to 5 hours at \$20.00 per hour (for a total of \$100.00) for attested-to Time Spent remediating identity theft or fraud, including misuse of personal information, credit monitoring, freezing credit reports, or other issues related to the Data Incident.

Credit Monitoring Services: In addition to the cash payments described above, Settlement Class Members may also make a claim for three (3) years of one (1) bureau Credit Monitoring Services.

OR

Alternative Cash Payment: In lieu of filing a claim for reimbursement for Out-of-Pocket/Financial Losses, reimbursement for Time Spent, and/or Credit Monitoring Services, Settlement Class Members may make a claim to receive an Alternative Cash Payment in the amount of \$125.00 per person.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

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

First Name

Last Name

ALL INFORMATION IS REQUIRED

Address 1

Address 2

City

State

Zip Code

Email (optional):

@

Telephone Number: (____ ____ ____) ____ ____ ____ - ____ ____ ____ ____

II. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP



Check this box to certify you are a living individual residing in the United States whose personal information was or may have been accessed or acquired in the Data Incident.

Enter the Class Member ID Number provided on your Postcard Notice or, if you did not receive a Postcard Notice, the last four digits of your Social Security Number:

Class Member ID : _____

III. PAYMENT SELECTION

All Cash Payments will be paid by electronic payment or paper check. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.



Check this box to receive payment of your Cash Payments via paper check. If you prefer to receive your Cash Payment at an address other than the one provided above, please enter the alternate address below:

Address 1

Address 2

City

State

Zip Code



Check this box to receive payment of your Cash Payments via electronic payment.

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: _____

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

IV. CASH PAYMENT

DO NOT COMPLETE THIS SECTION IF YOU WANT TO SELECT THE ALTERNATIVE CASH PAYMENT OPTION OF \$125.00 BELOW.

REIMBURSEMENT FOR OUT-OF-POCKET/FINANCIAL LOSSES

Settlement Class Members may seek Out-of-Pocket/Financial Losses by submitting a valid and timely Claim Form and reasonable supporting documentation for losses fairly traceable to the Data Incident such as (1) costs incurred on or after May 29, 2021, associated with accessing or freezing/unfreezing credit reports with any credit reporting agency; (2) other miscellaneous expenses incurred related to any Out-of-Pocket Losses, such as notary, fax, postage, copying, mileage, and long-distance telephone charges; (3) credit monitoring or other mitigative costs that were incurred on or after May 29, 2021 through the Notice Deadline; (4) documented unreimbursed costs or expenditures incurred by a Settlement Class Member due to identity theft (these may include, without limitation, falsified tax returns, false claims for government benefits, false claims for medical treatment, among others, incurred on or after May 29, 2021, through the Claims Deadline).

Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by NorthCare or otherwise.

You must submit documentation to obtain this reimbursement.

☐ I have attached documentation showing that the claimed losses were fairly traceable to the Data Incident.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 7 – 1 7 – 2 0 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Travel expenses resulting from a breach	0 2 – 3 0 – 2 1 MM DD YY	\$25.00	Copy of the receipts for travel and related expenses
	– – MM DD YY	\$.	
	– – MM DD YY	\$.	
	- - MM DD YY	\$.	
	– – MM DD YY	\$.	

COMPENSATION FOR TIME SPENT

All Settlement Class Members may also claim up to 5 hours of lost time, at a rate of \$20.00 an hour (for a maximum of \$100.00), for time spent remediating identity theft or fraud, including misuse of personal information, credit monitoring freezing credit reports, or other issues related to the Data Incident. All such lost time must be reasonably described and supported by an attestation that includes a brief description of the action taken in response to the Data Incident and the time associated with each action. The attestation does not require notarization or other supporting documentation.

Hours claimed (up to 5 hours – check one box)

☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours ☐ 5 Hours

☐ I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident.

Description of the Time Spent	Date of Time Spent	Duration (Amount) of Time Spent
Example: Calls to bank to investigate fraudulent charges	0 7 – 1 7 – 2 0 MM DD YY	20 minutes
Example: Submit request to freeze credit with Experian	0 2 – 3 0 – 2 1 MM DD YY	10 minutes
	– – MM DD YY	
	– – MM DD YY	
	– – MM DD YY	

V. CREDIT MONITORING SERVICES CLAIM

By checking the box below, I choose, ***in addition*** to reimbursement for Out-Of-Pocket/Financial Losses or Time Spent (if applicable) to make a Claim for Credit Monitoring Services that will include: three (3) years of credit monitoring from one (1) credit bureau, access to credit report(s) and identity theft insurance.

☐ Check this box to receive a code for 3 years of Credit Monitoring Services.

VI. ALTERNATIVE CASH PAYMENT

By checking the box below, I choose a cash payment of \$125.00 ***in lieu of*** reimbursement for Out-of-Pocket/Financial Losses, Time Spent, or Credit Monitoring Services.

NOTE: YOU MAY NOT FILE FOR REIMBURSEMENT FOR OUT-OF-POCKET/FINANCIAL LOSSES, REIMBURSEMENT FOR TIME SPENT, OR CREDIT MONITORING SERVICES IF YOU ARE FILING FOR THE ALTERNATIVE CASH PAYMENT IN THIS SECTION.

☐ Yes, I choose the Alternative Cash Payment of \$125.00 ***in lieu of*** reimbursement Out-of-Pocket/Financial Losses, Time Spent, or Credit Monitoring Services.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

____/____/____

Date

Print Name