

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

McCalmon v. Northbay Healthcare Corporation
Case No. CU24-03200
Superior Court for the County of Solano, California
DATA INCIDENT SETTLEMENT CLAIM FORM

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GENERAL INSTRUCTIONS

Who is eligible to file a Claim? The Settlement Class includes all persons in the United States whose Private Information was compromised as a result of the Data Incident and who were provided with notice of the Data Incident. The Data Incident is the targeted cyberattack that was carried out on Northbay's computer systems between January 11, 2024, and April 1, 2024.

Excluded from the Settlement Class are: (a) all persons who are governing board members of Northbay Healthcare Corporation; (b) governmental entities; and (c) the Court, the Court's immediate family, and Court staff, and (d) anyone who validly opts out of the Settlement.

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

AVAILABLE SETTLEMENT CLASS MEMBER BENEFITS

Northbay will establish a Settlement Fund of \$3,600,000. The Settlement Fund will be used to pay court-approved attorneys' fees and costs, a Service Award for the Plaintiff, and the costs of administering the Settlement. All of the remaining funds will be used to pay for the benefits described below.

You may claim Credit Monitoring Services and **either** Cash Payment A **or** Cash Payment B.

CREDIT MONITORING SERVICES. All Settlement Class members are eligible to receive 3 years of Credit Monitoring Services. This includes:

- (1) real time monitoring of the Settlement Class member's credit file at a credit bureau;
- (2) dark web monitoring;
- (3) identity theft insurance coverage for up to \$1,000,000; and
- (4) fully managed identity recovery services.

CASH PAYMENTS. All Settlement Class members are eligible for a Cash Payment. You may select **only one** Cash Payment, **not both**.

Cash Payment A – Documented Losses. If you incurred actual, **documented** out-of-pocket losses due to the Data Incident, you may file a claim for reimbursement. The maximum amount of this reimbursement is \$4,000.00.

This benefit covers expenses like:

- (1) bank, credit card, and debit card fees;
- (2) overdraft, declined payment, and returned check fees;
- (3) cost to replace your driver's license, Social Security number, or other types of identification;
- (4) long distance phone charges, cell phone charges (if charged by the minute), or data charges (if charged by the amount of data used);

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- (5) fees for credit reports or credit monitoring; and
- (6) losses due to identity theft or fraud.

You must submit documentation, such as receipts, to verify the costs you incurred. You may submit “self-prepared” documents to clarify or support other submitted documentation, but ***self-prepared documents by themselves are not sufficient*** to file a valid claim.

If you claim Cash Payment A, you may not also claim Cash Payment B.

Cash Payment B – Flat Cash Payment. If you did not incur documented losses as a result of the Data Incident you are still eligible for a one-time cash payment of \$100.00, subject to *pro rata* increase or decrease depending upon the number of Valid Claims filed.

If you claim Cash Payment B, you may not also claim Cash Payment A.

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

- Email: info@NorthbayHealthcareSettlement.com
- Call toll free, 24/7: (833) 360-6806
- By mail: Northbay Data Incident Settlement, c/o Settlement Administrator, P.O. Box 25414 Santa Ana, CA 92799.

**THE EASIEST WAY TO SUBMIT YOUR CLAIM IS ONLINE AT
WWW.NORTHBAYHEALTHCARESETTLEMENT.COM**

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

Northbay Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25414
Santa Ana, CA 92799

An electronic image of the completed Claim Form can also be submitted by email to info@NorthbayHealthcareSettlement.com.

If you are only submitting a claim for Credit Monitoring and/or Cash Payment B, you may also complete the Claim Form included in your Postcard Notice and mail the Claim Form to the Settlement Administrator at the above address.

The deadline to submit a Claim Form online is October 14, 2025. If you are mailing your Claim Form, it must be mailed with a postmark date no later than October 14, 2025.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT 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. All fields are required.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID (if known)

II. CREDIT MONITORING SERVICES (AVAILABLE TO ALL SETTLEMENT CLASS MEMBERS)

☐ Check this box if you would like to receive 3 years of 1-bureau credit monitoring.

III. CASH PAYMENT A – DOCUMENTED LOSSES

☐ Check this box if you are claiming reimbursement for **documented** out-of-pocket losses that were incurred as a result of the Data Incident. **You must submit supporting documentation.** You may submit “self-prepared” documents to add clarify or support other submitted documentation, but self-prepared documents by themselves are **not sufficient** to file a valid claim.

The maximum amount for this reimbursement is \$4,000.00 per Class Member.

Please complete the table on the next page, describing the supporting documentation you are submitting.

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Description of Documentation Provided	Amount
Example: Overdraft fees	\$40
TOTAL OUT-OF-POCKET 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.

If you make a Claim under this section, skip Section IV and go to Section V.

IV. CASH PAYMENT B – FLAT CASH PAYMENT

- ☐ Check this box if you do not have documented claims, but want to claim a one-time flat cash payment of \$100.00, subject to *pro rata* increase or decrease depending upon the number of Valid Claims filed.

V. 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