

Your claim must
be submitted
online or
postmarked by:
March 26, 2026

S.W., et al. v. Sunflower Medical Group, P.A.

Case No. 2516-CV22364
Circuit Court for Jackson County, Missouri

DATA BREACH 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 individuals residing within the United States of America who received notice that their PII or PHI was potentially exposed to unauthorized third parties as a result of the Sunflower Medical Group cybersecurity incident.”

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge’s family and staff; (2) Sunflower and its employees, officers, and directors (unless they received a data breach notice); (3) governmental entities; and (4) anyone who validly excludes themselves from the Settlement.

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

AVAILABLE BENEFITS

Sunflower has agreed to provide a number of benefits for Class Members. All Class Members are eligible to enroll in two years of **Medical Data Monitoring Services** and one of two **Cash Payment** options:

OPTION 1: Payment for Documented Losses

- Get up to \$5,000.00 back for documented losses

OR

OPTION 2: Alternative Cash Payment.

- Receive a one-time \$10.00 cash payment

The benefits are explained in more detail below.

MEDICAL DATA MONITORING SERVICES. All Class Members are eligible to enroll in two years of **CyEx Medical Shield Complete**. This comprehensive service comes with \$1 million of medical identity theft insurance, and includes monitoring for:

- healthcare insurance ID exposure
- Medical Record Number (MRN) exposure
- unauthorized Health Savings Account (HSA) spending

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

CASH PAYMENT OPTIONS. You may claim one of the following two cash payment options. The Settlement includes a \$300,000.00 aggregate cap on all cash payments. This means that if the total amount of cash payment claimed is over \$300,000.00, everyone’s payments will be reduced pro rata.

Questions? Call 1-833-417-4945 Toll-Free or Visit www.SunflowerSettlement.com.

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Option 1: Cash Payment for Documented Losses. If you incurred actual, documented out-of-pocket losses due to the Data Breach, you can get back up to **\$5,000.00**. The losses must have occurred between December 15, 2024, and January 26, 2026.

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 Option 1, you may claim a one-time **\$10.00** 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@SunflowerSettlement.com
- Call toll free, 24/7: 1-833-417-4945
- By mail: Sunflower Data Breach Settlement
c/o Settlement Administrator
PO Box 25226
Santa Ana, CA 92799-9958

**THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
www.SunflowerSettlement.com.**

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

Sunflower Data Breach Settlement
c/o Settlement Administrator
PO Box 25226
Santa Ana, CA 92799-9958

An electronic image of the completed Claim Form can also be emailed to info@SunflowerSettlement.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. CREDIT MONITORING SERVICES

Check this box if you would like to enroll in two years of Medical Data Monitoring Services Monitoring.

III. CASH PAYMENT OPTION 1 – DOCUMENTED LOSSES

Check this box if you would like to claim reimbursement for documented losses due to identity theft or fraud. You can get back up to \$5,000.00. **Do not claim this payment option if you are claiming an Alternative Cash Payment from Section IV.**

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount
Example: Unauthorized bank transfer	\$500
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.

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IV. CASH PAYMENT OPTION 2 – ALTERNATIVE CASH PAYMENT

Check this box if you want to claim a one-time \$10.00 cash payment. **Do not claim this payment option if you are claiming a cash payment for Documented Losses from Section III.**

VII. PAYMENT SELECTION

If you submit this Claim Form by mail and it is accepted by the Settlement Administrator, you will receive a mailed, paper check. If you would prefer to receive a digital payment, you may submit a Claim Form on the Settlement website to provide your payment account information.

VII. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, and any supporting documentation, 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