

**Your Claim must  
be submitted  
online or  
postmarked by:  
November 25,  
2025**

**CLAIM FORM FOR BCHP DATA INCIDENT ACTION**

*Noni Wahab, et al. v. Boston Children's Health Physicians, LLP, et al.*

Case No. 73692/2024

Supreme Court of New York in Westchester County

**BCHP-C**

**GENERAL INSTRUCTIONS**

You have been identified by the Settlement Administrator as a Settlement Class member who was directly or indirectly notified by Defendant Boston Children's Health Physicians ("BCHP") that your Private Information may have been impacted in the September 2024 Data Incident. You may submit a Claim for a Settlement Class Member Benefit, outlined below.

Please refer to the Long Form Notice posted on the Settlement Website **www.BCHPSettlement.com**, for more information on submitting a Claim Form and if you are part of the Settlement Class.

**To receive a Settlement Class Member Benefit from this Settlement via an electronic payment, you must submit the Claim Form below electronically at [www.BCHPSettlement.com](http://www.BCHPSettlement.com) by November 25, 2025.**

This Claim Form may also be mailed to the address below. 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:

*Wahab, et al. v. Boston Children's Health Physicians, LLP, et al.*  
c/o Kroll Settlement Administration LLC  
P.O. Box 225391  
New York, NY 10150-5391

**You may submit a Claim for one or more of the following benefits:**

- ❖ **Cash Payment A – Documented Losses:** Settlement Class Members may submit a Claim for a Cash Payment of up to **\$5,000** per Settlement Class Member upon presentment of documented losses related to the Data Incident. **You must submit reasonable documentation supporting the losses;**

**OR**

- ❖ **Cash Payment B – Undocumented Cash Claim:** Instead of Cash Payment A – Documented Losses above, a Settlement Class Member may elect to receive Cash Payment B – Undocumented Cash Claim, which is an estimated Cash Payment in the amount of **\$100**.

Cash Payment B – Undocumented Cash Claims will be subject to a *pro rata* increase up to a maximum amount of \$350 per Claim in the event the amount of Valid Claims is insufficient to exhaust the entire Settlement Fund. Similarly, in the event the amount of Valid Claims exhausts the Settlement Fund, the amount of the Cash Payment B - Undocumented Claims will be reduced *pro rata* accordingly. For purposes of calculating the *pro rata* increase or decrease, the Settlement Administrator will distribute the funds in the following order: (1) Settlement Administration Costs; (2) any Service Awards approved by the Court; (3) attorneys fees' and costs approved by the Court; (4) Medical Data Monitoring; (5) Cash Payment A – Documented Losses; and (6) Cash Payment B – Undocumented Cash Claims. Any *pro rata* increases or decreases to Cash Payment B – Undocumented Cash Claims will be on an equal percentage basis.

**Questions? Go to [www.BCHPSettlement.com](http://www.BCHPSettlement.com) or call toll-free (833) 890-4816.**



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Page 1 of 4

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**In addition to a Cash Payment, Settlement Class Members may select the following:**

**Medical Data Monitoring** – Settlement Class Members may elect to receive two years of Cyex Medical Shield Medical Data Monitoring. Medical Data Monitoring will provide the following benefits: medical identity monitoring, real-time alerts, and insurance coverage for up to \$1,000,000 for medical identity theft.

## I. PAYMENT SELECTION

If you would like to elect to receive your Cash Payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

## II. 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.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address: \_\_\_\_\_@\_\_\_\_\_.com

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

☐

Check this box to certify if you are a living individual who was sent a notice by Defendant BCHP that your Private Information may have been impacted in the Data Incident.

Enter the Class Member ID Number provided on your Email or Postcard Notice:

Class Member ID: 0 0 0 0 0 \_\_\_\_\_

Questions? Go to [www.BCHPSettlement.com](http://www.BCHPSettlement.com) or call toll-free (833) 890-4816.



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Page 2 of 4

#### IV. CASH PAYMENT A – DOCUMENTED LOSSES

All Settlement Class Members are eligible for compensation for up to \$5,000 per Settlement Class Member for documented losses incurred as a result of the Data Incident.

To receive a Documented Loss payment, a Settlement Class Member must elect Cash Payment A – Documented Losses on the Claim Form attesting under penalty of perjury to incurring documenting losses. Settlement Class Members will be required to submit reasonable documentation supporting the losses. 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 identity protection and credit monitoring services offered as part of the notification letter provided by Defendants or otherwise. If a Settlement Class Member does not submit reasonable documentation supporting a loss, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure his or her Claim, the Claim will be converted in to a “Cash Payment B – Undocumented Cash Claim.

Settlement Class Members with documented losses must submit documentation supporting their Claims. This can include receipts or other documentation not “self-prepared” by the claimant that document the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

**To obtain a Documented Loss Cash Payment, you must have documented losses incurred as a result of the Data Incident and submit reasonable supporting documentation.**

☐ I have attached documentation showing that the documented losses were more likely than not caused by the Data Incident. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Documented Loss	Amount of Documented Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$____.____	
	____/____/____ (mm/dd/yy)	\$____.____	
	____/____/____ (mm/dd/yy)	\$____.____	

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## V. CASH PAYMENT B – UNDOCUMENTED CASH CLAIM

By checking the below box, I choose a Cash Payment B – Undocumented Cash Claim payment, which is a Cash Payment estimated to be \$100 (this value may be increased or decreased based on the number of Valid Claims received). **Do not submit a Claim for Cash Payment A – Documented Losses.**

☐

Yes, I choose Cash Payment B.

**IN ADDITION TO ONE OF THE CASH PAYMENTS, YOU MAY ALSO SELECT THE SETTLEMENT CLASS MEMBER BENEFIT BELOW**

## VI. MEDICAL DATA MONITORING

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**Two (2) years of Medical Data Monitoring**

Check the box above if you wish to receive, in addition to electing compensation for either Cash Payment A or Cash Payment B, two (2) years of Cyex Medical Shield Medical Data Monitoring. Medical Data Monitoring will provide the following benefits: medical identity monitoring, real-time alerts, and insurance coverage for up to \$1,000,000 for medical identity theft. **You may also select either Cash Payment A or Cash Payment B.**

## VII. ATTESTATION & SIGNATURE

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

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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Page 4 of 4