Your claim must be submitted online or postmarked by: January 12, 2026.

Behavioral Health Resources Data Incident

Superior Court of Thurston County, Washington

SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: January 12, 2026.

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Settlement Class this way: "All U.S. residents whose Personal Information was compromised in the data incident disclosed by Behavioral Health Resources on or about November 20, 2024."

Anyone who fits the Settlement Class definition and doesn't validly exclude themselves from the Settlement will be included.

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

AVAILABLE BENEFITS

Behavioral Health Resources ("BHR") will establish a Settlement Fund of $1,100,000.00. The Settlement Fund will be used to pay court-approved attorneys' fees and costs, Service Award payments for the Plaintiffs, and the costs of administering the Settlement. The amount remaining under the Settlement Fund will be used to pay for the benefits described below. You may claim as many benefits as apply to you.

BENEFITS

Medical Data Monitoring. All Settlement Class Members are eligible to enroll in three (3) years of CyEx Medical Shield Total. 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; and
- 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.

Documented Out-of-Pocket Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you can receive reimbursement of up to **$5,000.00**. The losses must have occurred between November 20, 2024, and January 12, 2026.

This benefit covers out-of-pocket losses, including but not limited to:

- Losses suffered as a result of identity theft or fraud;
- Fees for credit reports, credit monitoring, or freezing and unfreezing your credit;

- Cost to replace your IDs; and
- Postage to contact banks by mail.

You are required to send documented proof, such as bank statements or receipts, to show how much you spent or lost as a result of the Data Incident. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not sufficient to submit a Valid Claim. Your proof or notes should show that your expenses were as a result of and traceable to the Data Incident.

Reimbursement for Lost Time. Settlement Class Members who spent time responding to the Data Incident may claim up to five (5) hours, at $25.00 per hour, for a maximum of **$125.00**.

The lost time spent must have been time spent on tasks related to the Data Incident. Some examples include, but are not limited to:

- Changing your passwords;
- Remedying identity theft or fraud suffered as a result of the Data Incident;
- Investigating suspicious activity in your accounts; and
- Researching the Data Incident.

You must briefly describe how you spent this time.

***Pro Rata* Cash Payment.** You may also claim a one-time cash payment. This payment is expected to be **$100.00**, but may be larger or smaller depending on the total claims filed. 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@BHRSettlement.com
- Call toll free, 24/7: 1-833-417-4912
- By mail: BHR Data Incident Settlement
  c/o Settlement Administrator
  P.O. Box 25226
  Santa Ana, CA 92799-9958.

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

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

You must submit your Claim Form online or by mail no later than January 12, 2026.

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. MEDICAL DATA MONITORING SERVICES

☐ Check this box if you would like to enroll in three years of Medical Data Monitoring services.

III. DOCUMENTED OUT-OF-POCKET LOSSES

☐ Check this box if you would like to claim reimbursement for documented losses suffered as a result of the Data Incident. You can get back up to $5,000.00.

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

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

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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.

IV. REIMBURSEMENT FOR LOST TIME

If you spent time fixing problems caused by the Data Incident, please select how many hours (up to 5) you spent. You must briefly describe how you spent this time.

I spent (select only **one**): ☐ 1 hour ($25.00) ☐ 2 hours ($50.00) ☐ 3 hours ($75.00)
☐ 4 hours ($100.00) ☐ 5 hours ($125.00)

Describe what you spent this time on: _____

_____

_____

_____

_____

V. *PRO RATA* CASH PAYMENT

☐ Check this box if you want to claim a one-time cash payment of approximately $100.00.

VI. 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

Questions? Call 1-833-417-4912 Toll-Free or Visit www.BHRSettlement.com