Your claim must be submitted online or postmarked by: December 20, 2026

L.B., individually and on behalf of all others similarly situated, vs. Clay County Public Health Center
Case No. 21CY-CV07481
In the Circuit Court of Clay County, Missouri
CLAIM FORM

CCP CLAIM

GENERAL INSTRUCTIONS

Class Members are eligible to submit a Claim Form

Clay County Public Health Center ("CCPHC") has agreed to settle a lawsuit filed by Plaintiff L.B. claiming that CCPHC committed negligence by posting Protected Health Information ("PHI") and Personally Identifiable Information ("PII") of Clay County residents on the www.clayhealth.com public website in June 2020 (hereinafter the "Lawsuit").

This settlement is limited to individuals whose PHI and PII were posted online in June 2020, specifically June 18, 2020. If you were mailed a notice regarding a data incident that occurred on or about June 18, 2020, you may be eligible for compensation.

The Settlement Benefits

To receive a Settlement benefit, you must submit a valid Claim Form. Settlement Class Members may be eligible to receive a cash payment and/or reimbursement for documented out-of-pocket expenses and losses, up to $300.00 per Class Member.

Documented Expenses and Losses

Class Members may submit claims for unreimbursed, documented out-of-pocket expenses and financial losses fairly traceable to the Data Incident. This includes, without limitation, unreimbursed costs, losses, or expenditures relating to fraud or identity theft; professional fees including accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges. Such claims must be supported by reasonable third-party documentation. 'Self-prepared' documents such as handwritten notes or receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

Cash Payments

After paying all valid and timely claims for document out-of-pocket expenses and/or losses as described above, the Settlement Administrator shall pay all timely claims for a Cash Payment. Settlement Class Members may submit claims for a cash payment, which is estimated to be $150. Notwithstanding the estimation, the Cash Payment will be increased or decrease on a pro rata basis to exhaust the Net Settlement Fund.

Submitting Your Claim Form

Mail your completed Claim Form to: CCPHC Data Incident Settlement, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Claim Forms must be mailed to the address above and postmarked no later than December 20, 2026.

Alternatively, you may complete and submit your Claim Form online at www.CCPHCClassAction.com or via email at info@CCPHCClassAction.com no later than December 20, 2026.

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CLAIM FORM

CCPHC CLAIM

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

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

First Name | **Last Name**

Street Address

City | **State** | **Zip Code**

Email Address | **Telephone Number** | **Notice ID, if known**

II. DOCUMENTED EXPENSES AND LOSSES

☐ Check this box if you are seeking reimbursement for documented out-of-pocket expenses and financial losses fairly traceable to the Data Incident.

This includes, without limitation, unreimbursed costs, losses, or expenditures relating to fraud or identity theft; professional fees including accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

You must submit supporting documentation demonstrating the actual, unreimbursed expenses you are seeking reimbursement. Complete the chart below describing the supporting documentation you are submitting, and the reimbursement amount you are seeking.

Description of Documentation Provided	Amount
Total Documented Expenses & Losses:	

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CCPHC CLAIM

III. CASH PAYMENT

☐ Check this box if you wish to receive a cash payment (estimated to be $150).

The Cash Payment will be increased or decreased on a pro rata basis to exhaust the Net Settlement Fund.

IV. PAYMENT SELECTION

Please select **<u>one</u>** of the following payment options: Please select **<u>one</u>** 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: _____

☐ **Physical Check -** Payment will be mailed to the address provided in Section I above.

V. AFFIRMATION & SIGNATURE

By submitting this Claim Form, I swear and affirm under penalty of perjury pursuant to the laws of the United States of America that I am a Class Member in the *L.B., individually and on behalf of all others similarly situated, vs. Clay County Public Health Center* In the Circuit Court of Clay County, Missouri, Case No. 21CY-CV07481, Division II, class action Settlement, and that the information provided in this Claim Form is true and correct to the best of my knowledge.

_____	_____	_____
Signature	Printed Name	Date