Must be postmarked or submitted online NO LATER THAN September 30, 2026

CFM SETTLEMENT
ATTN: CLAIM FORMS
1650 ARCH STREET, SUITE 2210
PHILADELPHIA, PA 19103

CFM-CLAIM

Clay-Platte Settlement Claim Form

SETTLEMENT BENEFITS – WHAT YOU MAY GET

A class action settlement has been reached in a lawsuit against Clay-Platte Family Medicine Clinic and related clinics arising out of a June 2024 data security incident that may have affected your personal information.

The easiest way to submit a claim is online at www.CPFMSettlement.com, or you can complete and mail this Claim Form to the mailing address above. To receive any of the below benefits, you must submit the Claim Form below by mail or submit a claim online by **September 30, 2026**.

You may submit a claim for one or more of these benefits:

1. **Reimbursement for Documented Losses**. If you spent money or incurred losses as a result of the Data Security Incident, you may submit a claim for reimbursement of up to $15,000. Supporting documentation for losses related to the data security incident is required.

2. **Cash Fund Payment**: In lieu of submitting a claim for a Documented Loss Payment, you may elect to receive a Cash Fund Payment. Cash Fund Payments will be distributed on a pro rata basis, meaning that the available funds will be divided equally among all eligible claimants who elect this option. The amount of any payment is not guaranteed and will depend on the number of approved Documented Loss claims and other required expenses.

3. **Free Medical and Credit Monitoring Services**: You can submit a claim to enroll in three years of CyEx Medical Shield Total, a medical and three-bureau credit monitoring service designed to protect against medical identity theft and fraud.

* * *

Claims must be submitted online or mailed by September 30, 2026. Use the address at the top of this form for mailed claims.

Please note: the Settlement Administrator may contact you to request additional documents to process your claim.

For more information and complete instructions visit
www.CPFMSettlement.com

Settlement benefits will be distributed only after the Settlement is approved by the Court.

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Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@CPFMSettlement.com.

1. NAME:	First	Middle Initial	Last
2. MAILING ADDRESS:	Street Address		
	Apt. No.		
	City		
	State		
	Zip		
3. PHONE NUMBER:			
4. EMAIL ADDRESS:			
5. NOTICE ID:			

Cash Payment: Money You Lost or Spent

If you lost or spent money trying to prevent or recover from fraud or identity theft caused by the Data Security Incident and have not been reimbursed for that money, you can receive reimbursement for up to $15,000. If you are not claiming this benefit, you may proceed to the next section.

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If you are claiming this benefit, it is important for you to send documents that show what happened and how much you lost or spent, so that you can be repaid. The documents must show that your claimed losses are fairly traceable to the Data Security Incident, meaning they were reasonably incurred after June 26, 2024.

Loss Type and Examples of Documents	**Approximate Amount of Expense and Date**	**Description of Loss or Money Spent and Supporting Documents** (Identify what you are attaching, and why it's related to the Data Security Incident)
☐ Costs or expenses incurred in connection with taking measures to mitigate identity theft or fraud *Examples: Receipts for costs incurred associated with replacing identification documents, obtaining credit reports, or taking other measures taken to mitigate identity theft or fraud*	$ Date:	_____ _____ _____ _____ _____
☐ Credit monitoring and identity theft protection purchased on or after June 26, 2024, through the date of your Claim submission *Examples: Receipts or statements for credit monitoring or other mitigative services*	$ Date:	_____ _____ _____ _____
☐ Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information on or after June 26, 2024 *Examples: Account statement with unauthorized charges highlighted; police reports; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges*	$ Date:	_____ _____ _____ _____ _____ _____

☐ Professional fees paid to address identity theft on or after June 26, 2024 *Examples: Receipts, bills, and invoices from accountants, lawyers, or others*	$ Date:	_____ _____ _____ _____
☐ Other expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges related to the Data Security Incident *Examples: Phone bills, receipts, detailed list of places you traveled (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled*	$ Date:	_____ _____ _____ _____ _____ _____ _____

Cash Fund Payment

If you did not submit a claim for a documented loss payment, check this box if you wish to claim a cash fund payment.

Yes ☐

By checking this box, I acknowledge that cash fund payments are not guaranteed and the amounts of these payments will depend on the number of individuals who submit valid claims.

Payment Selection

Please select **one** of the following payment options: ☐ PayPal ☐ Venmo ☐ Zelle ☐ Check

Provide the email address or mobile number associated with selection: _____

For more information, including disclosures, terms and conditions, related to PayPal, Venmo, and Zelle digital payment options, visit the FAQs at www.CPFMSettlement.com

If you do not select a payment method and your claim is approved for payment, a paper check will be sent to the address you provided in Section I above.

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Free Medical and Credit Monitoring

Would you like to enroll in three years of CyEx Medical Shield, a medical and three-bureau credit monitoring service designed to protect against medical identity theft and fraud?

Yes ☐

Please provide the email address where you would like to receive enrollment instructions (if different from above) _____

Signature

By signing below and submitting this Claim Form, I swear and affirm under penalty of perjury under the laws of the United States that: (1) the information supplied in this Claim Form and any documents submitted in support of my claim are true and correct to the best of my knowledge or recollection; (2) 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; and (3) I am a Participating Settlement Class Member and I have not opted out of the Settlement.

Signature:	**Date:**
Print Name:	

REMINDER: You can submit your claim online at **www.CPFMSettlement.com**. If you choose to submit your claim by mail, this form must be completed, signed, and sent to the Settlement Administrator, postmarked no later than **September 30, 2026**, and addressed to:

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