Your claim must be submitted online or postmarked by: OCTOBER 23, 2026

EQUINOX, INC. SETTLEMENT CLAIM FORM

McHugh v. Equinox, Inc., Index No. 911677-24
Carter v. Equinox, Inc., Index No. 901198-25
Supreme Court of the State of New York, Albany County

www.EquinoxIncSettlement.com

EQNX Claim

INSTRUCTIONS

This claim form should be filled out online or submitted by mail if you received a notification from Equinox, Inc. ("Equinox") related to a data incident disclosed by Equinox on or about April 29, 2024 (the "Data Incident"). If you wish to make a claim for credit monitoring services, documented monetary losses, lost time, or pro rata cash payment because of the Data Incident, fill out this claim form with the required documentation. You may receive a check and/or a code for credit monitoring services if the settlement is approved and if you are found to be eligible.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website www.EquinoxIncSettlement.com or call toll-free 1-844-943-4276 for more information.

If you wish to submit a claim for a settlement payment or credit monitoring services, you need to provide the information and documentation requested below. Please type or print clearly in blue or black ink. This claim form must be submitted online OR mailed and postmarked by **OCTOBER 23, 2026**.

1. CLASS MEMBER INFORMATION

Provide your full name, present address, and either a phone number or e-mail address at which you may be contacted if necessary:

First Name **Last Name**

Street Address

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

Email Address **Phone Number**

Notice ID, if available* (found on postcard notice)

**If you are unable to locate your Notice ID, please contact the Settlement Administrator*

2. CREDIT MONITORING SERVICES

☐ **I would like to receive an enrollment code for Credit Monitoring Services.**

3. PAYMENT ELIGIBILITY INFORMATION

Please review the settlement notice and Section III of the Settlement Agreement (available at www.EquinoxIncSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

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Please provide as much information as you can to help us determine if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of out-of-pocket expenses or lost time that you reasonably incurred/experienced as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in **bold type** (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). You may not claim the same out-of-pocket expenses or lost time in more than one category.

a. Compensation for Documented Monetary Losses:

☐ **I claim monetary expenses reasonably incurred as a result of the Data Incident.**

Examples – (i) out of pocket credit monitoring costs that were incurred on or after April 29, 2024 through the Claims Deadline; (ii) unreimbursed losses associated with actual fraud or identity theft; and (iii) unreimbursed bank fees, long distance phone charges, postage, or mileage at the prevailing IRS business use mileage rate for the year incurred for local travel.

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or another identity theft insurance product purchased between April 29, 2024 and the Claims Deadline, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. *(Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product because of the Data Incident and not for any other reason).*

You may mark out any information that is not relevant to your claim before sending in the documentation.

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	*Amount*
TOTAL AMOUNT CLAIMED:	

b. Pro Rata Cash Payment: In addition to or instead of Documented Monetary Losses, a Settlement Class Member may claim a pro rata cash payment in the estimated amount of $100.00. The payments shall be calculated by dividing remaining funds in the Settlement Fund, after payment of Settlement Administration Fees, Attorneys' Fees, Costs, and Expenses, Credit Monitoring and Identity Restoration Services, and Documented Monetary Losses by the number of eligible claims. The Pro Rata Cash Payments will be adjusted upwards or downwards based upon the number of valid claims filed.

☐ **YES, I claim a pro rata cash payment currently estimated to be $100.**

4. PAYMENT SELECTION.

Please select **one** of the following payment options, which will be used should you be eligible to receive a Settlement payment:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo -** Enter the mobile number associated with your account: __ __ __-__ __ __-__ __ __ __

☐ **Zelle -** Enter the mobile number or email address associated with your account: _____

☐ **Virtual Prepaid Card -** Enter your email address: _____

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

5. SIGN AND DATE YOUR CLAIM FORM.

By signing below, I certify that I am a Settlement Class Member and am eligible to make a claim in this Settlement. I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

_____	_____	_____
Signature	Printed Name	Date

6. MAIL YOUR CLAIM FORM.

This claim form must be submitted online or postmarked by **OCTOBER 23, 2026** and mailed to:

Equinox Settlement Administrator
Attn: Claim Form Submissions
1650 Arch Street, Suite 2210
Philadelphia, PA 19103