

**Your claim must be
submitted online or
postmarked by:
January 26, 2026**

**Dawne Rice v. Falcon Healthcare, Inc. d/b/a Interim
Healthcare of Lubbock, Texas
Case No. DC-2024-DC-0569
Lubbock County, Texas District Court**

**FHR
CLAIM**

CLAIM FORM

GENERAL INSTRUCTIONS

You are a member of the Settlement Class and eligible to submit a Claim Form if you are:

A living individual who was sent a notice by Falcon Healthcare that their personal information may have been impacted in the Data Incident.

“**Data Incident**” means the cybersecurity incident that took place between April 29, 2022, and July 3, 2022, involving Falcon Healthcare and resulting in the unauthorized access to or acquisition of Settlement Class Members’ Private Information.

Excluded from the Settlement Class are: (a) directors and officers of Falcon Healthcare; and (b) the Judge assigned to the Action, that Judge’s immediate family, and Court staff.

You can submit a Claim Form online at www.FalconDataSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator. It must be submitted online or postmarked no later than **January 26, 2026**.

The Settlement Class Member Benefits

Cash Payment A – Documented Losses

Settlement Class Members may submit a claim for a Cash Payment for up to \$5,000.00 per Settlement Class Member upon presentation of documented losses related to the Data Incident.

- To receive a documented loss payment, a Settlement Class Member must elect the Cash Payment A option on the Claim Form attesting under penalty of perjury to having incurred the documented losses claimed. 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 Falcon Healthcare or otherwise.
- Non-exhaustive examples of reasonable documentation include telephone records, correspondence including emails, or receipts. Except as expressly provided herein, personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation.
- 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 may be converted into a Cash Payment B - Alternative Cash Payment Claim.

Questions? Visit www.FalconDataSettlement.com or call toll-free 1-855-676-4171

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Cash Payment B – Alternative Cash Payment

Settlement Class Members may instead elect to receive the Cash Payment B option, which is a cash payment, in the *estimated* amount of \$100.00. The final amount of the flat cash payment will not be determined until all Claim Forms have been received and evaluated. The amount will be based upon the total value of all Valid Claims.

Important: Settlement Class Members may only claim either Cash Payment A – Documented Losses OR Cash Payment B – Alternative Cash Payment.

Medical Data Monitoring

Settlement Class Members may also 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. Medical Data Monitoring has an estimated value of \$900.00 per year per Settlement Class Member.

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[illegible]

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

--

Last Name

--

Street Address

--

State

Zip Code

--

Telephone Number**Notice ID, if known**

II. CASH PAYMENT A - DOCUMENTED LOSSES

- ☐ Check this box if you are requesting compensation for **Documented Losses** up to a total of \$5,000.00. **You must submit supporting documentation demonstrating actual, unreimbursed documented losses related to the Data Incident.**

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

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>
TOTAL AMOUNT CLAIMED:	

- ☐ You must check this box to attest under penalty of perjury that the Documented Losses you listed above actually occurred, were related to the Data Incident, and that you have not been reimbursed for these Documented Losses.

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III. CASH PAYMENT B – ALTERNATIVE CASH PAYMENT

- ☐ Check this box if you wish to receive the Alternative Cash Payment. You do not have to provide supporting documentation to receive the cash payment. The Cash Payment B – Alternative Cash Payment benefit cannot be selected if you claim Cash Payment A – Documented Losses in Section II above.

IV. MEDICAL DATA MONITORING

- ☐ Check this box if you wish to receive two years of Cyex Medical Shield Medical Data Monitoring. You can select this benefit *in addition to* selecting the Cash Payment A or Cash Payment B benefits. Be sure to provide an email address in Section I of this Claim Form. You will be emailed an activation code for the Medical Data Monitoring after the Settlement has received Final Approval from the Court and has become effective.

V. PAYMENT SELECTION

Please select one 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: _____

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

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

VI. AFFIRMATION & SIGNATURE

I swear and affirm under penalty of perjury pursuant to laws of the United States of America that the information provided in this Claim Form, and any supporting documentation provided 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

Submitting Your Claim Form

Mail your completed Claim Form along with supporting documentation to: **Falcon Healthcare Data Incident Settlement, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103**. Do not include original copies of your supporting documentation, as the documentation will not be returned to you.

Questions? Visit www.FalconDataSettlement.com or call toll-free 1-855-676-4171