

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

*Eugene Mitchell v. Gandara Mental Health Center, Inc.*  
Civil Action No. 2479CV00652  
Commonwealth of Massachusetts, Hampden County  
**CLAIM FORM**

**GMHC-CLAIM**

**GENERAL INSTRUCTIONS**

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

**All individuals residing in Massachusetts whose Private Information was compromised due to unauthorized third-party access to defendant Gandara Mental Health Center's network that was discovered by Defendant in June 2024 ("the Data Security Incident").**

Settlement Class Members can submit a Claim Form online at [www.gandarasettlement.com](http://www.gandarasettlement.com) or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than July 23, 2026.

**SETTLEMENT CLASS MEMBER BENEFITS**

**Credit Monitoring Services.** Settlement Class Members are eligible to enroll for free in three (3) years of the 1 credit bureau CYEX Medical Shield Complete product, which includes \$1 million in identity theft protection insurance.

**Ordinary Losses** (up to a total of \$500.00) for documented out-of-pocket losses incurred or spent between June 20, 2024, and July 23, 2026:

- Out-of-pocket expenses incurred as a result of the Data Security Incident, including unreimbursed bank fees, long-distance phone, and cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage or gasoline for local travel;
- Fees for credit reports, credit monitoring or other identity theft insurance products purchased as a result of the Data Security Incident.
- **Reimbursement of Lost Time.** Settlement Class Members may receive reimbursement of attested lost time up to four (4) hours at \$25.00 per hour. Settlement Class Members can receive reimbursement of Lost Time with an attestation that the time spent was reasonably related to mitigating the effects of the Data Security Incident.

**Extraordinary Losses** (up to a total of \$5,000.00) for monetary losses that meet the following conditions:

- The loss is an actual, documented, and unreimbursed monetary loss caused by (A) misuse of the Settlement Class Member's Private Information or (B) fraud associated with the Settlement Class Member's Private Information;
- The loss was more likely than not caused by the Data Security Incident;
- The loss occurred between June 20, 2024, and July 23, 2026;
- The loss is not already covered by the Ordinary Loss or Lost Time categories and the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all of the Settlement Class Member's credit monitoring insurance and identity theft insurance.

**Alternative Cash Payment.** As an alternative to Claims for Out-of-Pocket Losses, Extraordinary Losses or Losses due to Lost Time, Class Members may elect to receive a one-time cash payment of \$60.00. Settlement Class Members who elect to receive an Alternative Cash Payment are still eligible to receive Credit Monitoring Services.

**Aggregate Cap on Defendant's Liability.** The total amount payable by Defendant under this Settlement Agreement shall not exceed \$900,000.00 ("Aggregate Cap"). This Aggregate Cap includes all cash payments to Settlement Class Members, including Ordinary Out of Pocket Losses, Extraordinary Losses, Compensation for Lost Time and Alternative Cash Payment. In the event that the total value of Approved Claims for monetary amounts

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exceeds the Aggregate Cap, each Settlement Class Member's individual award shall be reduced *pro rata* so that the total payments do not exceed the Aggregate Cap.

**I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION**

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if you contact information changes after you submit your Claim Form.

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**First Name**

**Last Name**

--

**Street Address**

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--

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**City**

**State**

**Zip Code**

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**Email Address**

**Phone Number**

**Notice ID**

**II. CREDIT MONITORING SERVICES**

Check this box if you wish to receive Credit Monitoring Services. There is no cost to you for this product.

Checking this box and submitting this Claim Form will not automatically enroll you into Credit Monitoring. To enroll, you must follow the instructions sent to your email address (that you provide in Section I above) after the Settlement is approved and becomes final (the "Effective Date").

**III. ORDINARY LOSSES**

Check this box if you are seeking compensation for Ordinary Losses up to \$500.00.

**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.

<i>Description of Documentation Provided</i>	<i>Amount</i>

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**VII. PAYMENT SELECTION**

Please select **one** of the following payment options:

PayPal  Venmo  Zelle  Check\*

Please provide the email address or phone number associated with your PayPal, Venmo, or Zelle account:

\_\_\_\_\_

**\*Payment via check will be mailed to the address provided in Section I above.**

**VIII. CERTIFICATION & SIGNATURE**

I swear and affirm under penalty of perjury that I am a Settlement Class Member, and 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**

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

Mail your completed Claim Form, including any supporting documentation so it is postmarked no later than July 23, 2026.

**Gandara Settlement Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103**