

**Your claim must be
submitted online or
postmarked by:
APRIL 27, 2026**

Bente, et al. v. Granite Wellness Centers,
Lead Case No. S-CV-0050671 (Cal. Super. Ct., Placer Cnty.)

GWC

CLAIM FORM

I. GENERAL INFORMATION

This claim form should be filled out if you are an individual residing in the United States who received notice of a data security incident in March 2021 from Granite Wellness Centers (“GWC”), a nonprofit public benefit corporation that operates several “wellness centers,” or you are or were a GWC patient and you believe your personal information may have been exposed in connection with GWC’s January 5, 2021 data security incident. You may get money if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below.

SUBMIT YOUR CLAIM FORM BY APRIL 27, 2026

Online: www.GraniteWellnessDataSettlement.com

By Mail: Bente, et al. v. Granite Wellness Centers
c/o Claims Administrator,
1650 Arch St, Ste 2210
Philadelphia PA 19103

II. CLASS MEMBER NAME AND CONTACT INFORMATION

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

Notice ID Number: «Notice ID»

*(provided on the summary notice you received by email or mail)**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

*If you did not receive a summary notice in the mail or via email but you believe you may be a Settlement Class Member, please call **1-888-995-4054** to verify your identity and membership in the Settlement Class and receive further information on how to file a claim.

QUESTIONS? VISIT WWW.GRANITEWELLNESSDATASETTLEMENT.COM OR CALL TOLL-FREE 1- 888-995-4054

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III. ALTERNATIVE CASH PAYMENT

☐ Check this box if you are submitting a claim for an Alternative Cash Payment. **Instead of** making a claim for reimbursement of Documented Losses, as described in Section IV below, you may elect to receive an Alternative Cash Payment made on a *pro-rata* basis. **Do not check this box if you are making a claim for Documented Loss Reimbursement described below in Section IV.**

IV. DOCUMENTED LOSS REIMBURSEMENT

☐ Check this box if you are submitting a claim for reimbursement of Documented Losses for: (1) long distance telephone charges; (2) cell phone minutes (if charged by the minute); (3) internet usage charges (if either charged by the minute or incurred solely as a result of the Data Security Incident); (4) costs of credit reports purchased between January 5, 2021, and the Claims Deadline; (5) documented costs paid for credit monitoring services and/or fraud resolution services purchased between January 5, 2021, and the Claims Deadline, provided the claimant provides a sworn statement that the monitoring or service was purchased primarily because of the Data Security Incident and not for other purposes; (6) expenses directly associated with dealing with identity theft or identity fraud related to the Data Security Incident; or (7) other documented losses fairly traceable to the Data Security Incident as determined by the Settlement Administrator. **Do not check this box if you are submitting a claim for the Alternative Cash Payment described above in Section III.**

Allowable Documented Losses are detailed in the Settlement Agreement, available at **www.GraniteWellnessDataSettlement.com**. To receive up to **\$5,000.00** in reimbursement of Out-of-Pocket Losses caused by, or expenses incurred because of the Data Security Incident, please provide the following information:

Amount Requested: \$_____.

Please briefly describe the out-of-pocket expenses and how they relate to the Data Security Incident:

<i>Description of Expense</i>	<i>Amount</i>
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>

Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the last four digits of any account number). Documentary proof **MUST** be submitted to support your exact claim amount. "Self-prepared" documents are, by themselves, insufficient.

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V. CALIFORNIA STATUTORY CASH PAYMENT

☐ Check this box if you are submitting a claim for the California Statutory Cash Payment. If you were a California resident at any point between January 5, 2021, and April 27, 2026 you may be entitled to an additional \$100 cash payment. As described in the Settlement Agreement, the amount may be adjusted *pro-rata*.

I hereby attest that I was/am a California resident at some point between January 5, 2021, and April 27, 2026.

Signature

Printed Name

Date

VI. PAYMENT SELECTION

Please select from **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.

**If you want to receive payment via ACH, Visit: www.GraniteWellnessDataSettlement.com

VII. SIGNATURE

Signature

Printed Name

Date