Your claim must be submitted online or postmarked by: January 24, 2027

Thomas Grant v. UI Community HomeCare
Case No. CVCV086807
Iowa District Court for Johnson County
CLAIM FORM
www.HomeCareDataIncident.com

UICH-CLAIM

This Claim Form[1] should be filled out online or submitted by mail if you received a notice of data security incident letter stating your personal information was potentially compromised through a data security incident that occurred on July 3, 2025 (the "Incident") at UI Community HomeCare ("UICH" or "Defendant"). The Settlement Class consists of "All U.S. residents whose Private Information may have been compromised as the result of the Security Incident sustained by UICH on or about July 3, 2025 and who were sent a Notice of Security Incident by UICH and/or University of Iowa Health Care."[2] Benefits may include: (1) reimbursement for Documented Losses for out-of-pocket expenses; (2) cash payment; and (3) credit monitoring services. Additionally, UICH has implemented and is undertaking data security enhancements to safeguard the data in its possession, undertaking the cost and expense of the enhancements, which are valued at approximately $2,000,000, separate and apart from the Settlement Fund.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, **www.HomeCareDataIncident.com**, or call **1-877-737-4356** for more information.

If you wish to submit a Claim by mail, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **no later than January 24, 2027.**

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT WWW.HOMECAREDATAINCIDENT.COM.

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.

First Name | Last Name

Street Address

City | State | Zip Code

Email Address | Phone Number | Notice ID*

**(Can be found on the postcard you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator. If you did not receive a postcard, but believe you are a Settlement Class Member, you may leave this field blank and the Settlement Administrator will verify whether or not you are a Settlement Class Member).*

[1] Unless otherwise noted, all capitalized terms herein are defined in the Class Action Settlement Agreement, available at www.HomeCareDataIncident.com.

[2] Excluded from the Settlement Class are: (i) UICH, and its officers and directors; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) the presiding judge, and his or her staff and family; and (iv) any other Person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Security Incident or who pleads nolo contendere to any such charge.

II. CREDIT MONITORING

☐ Check this box if you want to receive two (2) years of three (3) bureau Credit Monitoring Services under the Settlement.

Note: Enrollment instructions will be sent to the email address you provided in Section I of this Claim Form if the Settlement is approved and becomes final.

III. MONETARY COMPENSATION

Documented Losses (if any):

☐ Check this box if you want to receive reimbursement for documented unreimbursed out-of-pocket monetary losses.

Enter the amount of documented unreimbursed out-of-pocket monetary losses that you incurred as a result of the Incident: $_____

By selecting this benefit, I understand that I am required to provide supporting third-party documentation and to support my claim for out-of-pocket losses, such as providing copies of any receipts, bank statements, reports, or other documentation supporting my claim. This can include receipts or other documentation that I have not "self-prepared." I understand that "self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. I understand the Settlement Administrator may contact me for additional information before processing my claim. If I do not have information supporting my claim for unreimbursed monetary losses, I likely will not receive compensation for this settlement benefit. **I understand that any monetary compensation I may receive under the settlement is capped at $2,000 for out-of-pocket expenses.**

I understand if the aggregate amount of approved claims for Documented Losses exceeds the remaining amount of the Settlement Fund after payment for Credit Monitoring Services, notice and administration costs, service award payments approved by the Court, and attorneys' fees and expenses awarded by the Court, approved claims for Documented Losses will be decreased *pro rata* to consume the remaining amount of the Settlement Fund.

To the extent a Documented Loss Claim is denied, it will be treated as a claim for a Cash Payment.

Supporting Documentation: Fill in the chart below to describe the supporting documentation you are providing with this Claim Form and the Documented Loss amount(s) that you are seeking reimbursement for that are supported by that documentation.

Description of Documentation Provided	*Amount*
Total Documented Losses:	

Cash Payment:

☐ Check this box if you want to receive a *pro rata* cash payment under the Settlement.

IV. 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.

V. SIGNATURE & CERTIFICATION

Please sign below indicating that you have read and understand this Claim Form and that you believe in good faith that you are a member of the Settlement Class. In addition, if you are submitting this Claim for Documented Losses reflecting out-of-pocket expenses, you represent that these losses are true and correct to the best of your knowledge and belief, and are being made under penalty of perjury under Iowa Code § 622.1. By signing below, you further certify that you have neither assigned any right to recover these benefits to any other party nor been reimbursed in whole by a third party for any damages related to the allegations in this lawsuit.

I declare under the laws of the United States and the laws of my State of residence that the information supplied in this claim form is true and correct to the best of my knowledge and recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Administrator to provide supplemental information before my claim will be considered complete and valid.

Signature_____ Date_____

REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please visit the settlement administration website at **www.HomeCareDataIncident.com** to edit your Claim Form or send written notification of your new address to the Settlement Administrator. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please visit the settlement administration website at **www.HomeCareDataIncident.com** to provide these documents or submit the documents by mail or email to the Settlement Administrator.
4. For more information, please visit the settlement administration website at **www.HomeCareDataIncident.com** or call the Settlement Administrator at **1-877-737-4356**. Please do not call the Court or the Clerk of the Court.

Mail your completed Claim Form, including any supporting documentation, to the Settlement Administrator, so it is postmarked no later than **January 24, 2027**.

UICH Security Incident Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103