Your claim must be submitted online or postmarked by: SEPTEMBER 29, 2026

Strong v. LifeStance Health Group, Inc.
Case No. 2:23-cv-00682
United States District Court, District of Arizona
LifeStance Pixel Settlement
SETTLEMENT SUBCLASS 2 CLAIM FORM

LSS2 CLAIM

GENERAL INSTRUCTIONS

You are eligible to submit this Claim Form if you are a Settlement Class Member that is a part of Settlement Subclass 2, defined as:

- **Settlement Subclass 2:** All other members of LifeStance's total patient population between March 1, 2020 and April 30, 2023, not including those in Settlement Subclass 1.

SETTLEMENT CLASS MEMBER BENEFITS

Settlement Subclass 2: all members of Settlement Subclass 2 who timely submit Approved Claim Forms will receive a *pro rata* cash payment from the Settlement Subclass 2 Fund ($1,824,469.44) less any amount awarded by the Court to Class Counsel as reasonable Attorneys' Fees and Expenses, Service Awards, and Settlement Administration Expenses. The *pro rata* allocation of the Settlement Subclass 2 Fund is on a per claimant basis, not a per appointment or per website visit basis.

Visit www.LifeStancePixelSettlement.com for complete details on the Settlement benefits.

SUBMITTING YOUR CLAIM FORM

To submit a Claim for payment, you may submit a Claim Form:

(1) **Online**: visit www.LifeStancePixelSettlement.com to submit a Claim Form online no later than **SEPTEMBER 29, 2026**; ***OR***

(2) **By mail**: print, complete, and submit this Claim Form by mail so it is postmarked no later than **SEPTEMBER 29, 2026,** and sent to LifeStance Pixel Settlement, c/o Settlement Administrator, Attn: Claim Submissions, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

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

First Name | **Last Name**

Street Address

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

Email Address | **Mobile Phone Number** | **Notice ID Number**

II. CASH PAYMENT

☐ By checking this box and signing below, I confirm that I am a member of Settlement Subclass 2 and am eligible to receive a *pro rata* cash payment from the Settlement Subclass 2 Fund.

III. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are eligible to receive a settlement payment: ☐ PayPal ☐ Venmo ☐ Zelle ☐ Virtual Prepaid Card ☐ Check*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid card: _____

**Payment will be mailed to the address provided in Section I of this Claim Form. If no option is selected, payment will be mailed.*

IV. CERTIFICATION & SIGNATURE

By signing below, and submitting this Claim Form, I hereby certify that the information I provided on this Claim Form is true and correct to the best of my knowledge, and this is the only claim I will submit in connection with this Settlement. I understand the Settlement Administrator may contact me to request further verification of the information provided in this Claim Form.

Signature: _____ **Printed Name:** _____ **Date:** ___/___/___