CLAIM FORM FOR MINDPATH DATA SECURITY SETTLEMENT BENEFITS
Lowrey, et. al., v. Community Psychiatry Management, LLC Case No. 24STCV30135

COMPLETE AND SIGN THIS FORM AND FILE ONLINE NO LATER THAN **January 5, 2026** AT **www.MindpathSettlement.com** OR FILE BY MAIL POSTMARKED BY **January 5, 2026.**

*You **must** use this form to make a claim for a Documented Ordinary Loss Payment, Compensation for Lost Time, Documented Extraordinary Loss Payment, Credit Monitoring, Alternative Cash Payment, and, for some, the California Statutory Payment. If you do nothing, you will not receive a payment, and you will give up your rights to sue about the legal claims in this case.*

Questions? Call 1-(866) 402-4105 or visit the website, **www.MindpathSettlement.com**

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CLASS MEMBER INFORMATION

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Email Address: _____
(This field is required to receive the credit monitoring benefit. If provided, we will also communicate with you about your claim primarily by email.)

Unique Claim Form Identifier: _____

Failure to add your Unique Claim Form Identifier will result in denial of your claim. If you received a notice of this Settlement by U.S. mail, your Unique Claim Form Identifier is on the envelope or postcard. If you did not receive a Unique Claim Form Identifier or you misplaced your notice, please contact the claims administrator by calling 1-(866) 402-4105 or by emailing info@MindpathSettlement.com.

SETTLEMENT OVERVIEW

Compensation for Ordinary Documented Losses: Settlement Class Members who submit a valid and timely Claim Form are eligible to receive reimbursement of up to $1,500 in an Ordinary Documented Loss Payment that is reasonably traceable to the Incidents. Ordinary Documented Losses include: (i) unreimbursed losses relating to fraud or identity theft; (ii) credit monitoring costs that were incurred on or after the Incidents through the date of claim submission; and (iii) bank fees, long distance phone charges, postage, or gasoline for local travel. This list of reimbursable documented out-of-pocket expenses is not meant to be exhaustive, rather it is exemplary. Settlement Class Members may make claims for any documented out-of-pocket losses reasonably related to the Incidents or to mitigating the effects of the Incidents. You must submit documentation of the Documented Losses as part of your Ordinary Documented Loss Payment claim. This may include receipts or other documentation and may not be "self-prepared." "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

Compensation for Lost Time: Settlement Class Members who spent time remedying issues related to the Incident can receive reimbursement for up to ten (10) hours of lost time at a rate of $30 per hour with an attestation that they spent the claimed time responding to issues raised by the Incident, including but not limited to: (i) changing passwords on potentially impacted accounts; (ii) monitoring for or investigating suspicious activity on potentially impacted medical, financial, or other accounts; (iii) contacting a medical provider or financial institution to discuss suspicious activity; (iv) signing up for identity theft or fraud monitoring; or (v) researching information about the Incidents, assessing the

impact, or investigating how to protect themselves from harm due to the Incidents. No additional documentation shall be required for members of the Settlement Class to receive compensation for attested time spent. Claims made for time spent can be combined with reimbursement for Ordinary Losses subject to the $1,500.00 aggregate individual cap.

Compensation for Documented Extraordinary Losses: Settlement Class Members are eligible for compensation for extraordinary losses resulting from the Incident, up to a maximum of $10,000.00, upon submission of a valid Claim Form and supporting documentation, provided that: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Incidents; (iii) the loss occurred between March 2022 and the Claims Deadline; (iv) the loss is not already covered by one or more of the normal reimbursement categories; (v) the claimant made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance. Extraordinary Losses may include, without limitation, the unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of Private Information. To receive reimbursement for any Documented Extraordinary Loss, Settlement Class Members must submit supporting documentation of the loss and a description of how the loss is fairly traceable to the Incidents, if not readily apparent from the documentation.

Credit Monitoring: Settlement Class Members are eligible to make a claim for three (3) years of credit monitoring services, regardless of whether the Settlement Class Member submits a claim for reimbursement of documented ordinary losses, including lost time, or reimbursement for extraordinary losses. In the alternative to Credit Monitoring, Settlement Class Members can elect to receive an Alternative Cash Payment, discussed immediately below.

California Statutory Payment: California Settlement Subclass Members will receive a $50 payment (subject to a *pro rata* increase or decrease) in recognition of their statutory claims. The California Statutory Payment is made to California Settlement Subclass Members in addition to (and not in lieu of) all other Settlement benefits. California Settlement Subclass Members to whom Mindpath provided notice of the Incidents in or around January 2023 to a California mailing address shall automatically receive the California Statutory Payment and, at the notice stage, shall be given the opportunity to update their mailing address and elect to receive payment via digital means. Other Settlement Class Members can provide proof that they resided in California at the time of at least one of the Incidents.

Alternative Cash Payment: As an alternative to filing a Settlement Claim for Credit Monitoring, Settlement Class Members can elect to make a claim for an Alternative Cash Payment. To receive this Alternative Cash Payment, Settlement Class Members must submit a valid form with the election. The amount of the Alternative Cash Payment will be approximately $50 but is subject to a *pro rata* increase or decrease based on several factors, such as the claims rate.

Failure to provide all required information will result in your claim being rejected by the Settlement Administrator.

1. Were you sent a notice that your information may have been impacted in at least one of the Mindpath Incidents and/or did you receive services from Mindpath at some point before August 2022?
   Yes ☐ (*Proceed to Question 2)* No ☐ (*You are not eligible to submit a claim)*

CLAIM FOR REIMBURSEMENT FOR A DOCUMENTED ORDINARY LOSS PAYMENT

Loss Type (Check all that apply)	**Date of Loss**	**Amount of Loss**	**Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it is related to the Incidents)**
☐ Unreimbursed losses relating to fraud or identity theft			
☐ Professional fees including attorneys' and accountants' fees, and fees for credit repair services			
☐ Costs associated with freezing or unfreezing credit with any credit reporting agency			
☐ Credit monitoring costs that were incurred on or after March 2022, that you attest were caused or otherwise incurred as a result of the Incidents			
☐ Miscellaneous expenses such as notary, bank fees, long-distance phone charges, postage, or gasoline for local travel, fax, copying			

COMPENSATION FOR LOST TIME

2. Do you attest that you spent time remedying issues related to the Incidents? If so, how many hours did you spend responding to the Incident?
Yes, I attest that I spent time remedying issues relating to the Incident ☐
No ☐ (*Please proceed to Question 3)*

If Yes, how many hours did you spend responding to the Incidents?

1 2 3 4 5 6 7 8 9 10

CLAIM FOR REIMBURSEMENT FOR A DOCUMENTED EXTRAORDINARY LOSS PAYMENT

Loss Type (Check all that apply)	**Date of Loss**	**Amount of Loss**	**Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it is related to the Incidents)**
☐ Unreimbursed losses relating to fraud or identity theft			
☐ Professional fees including attorneys' and accountants' fees, and fees for credit repair services			
☐ Costs associated with freezing or unfreezing credit with any credit reporting agency			
☐ Credit monitoring costs that were incurred on or after March 2022 that you attest were caused or otherwise incurred as a result of the Incidents			
☐ Miscellaneous expenses such as notary, data charges (if charged based on the amount of data used), fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges			

CLAIM FOR CREDIT MONITORING OR ALTERNATIVE CASH PAYMENT

3. Do you wish to receive three (3) years of one-bureau credit monitoring or an Alternative Cash Payment of $50 (estimated)? Check only one box below.

Credit Monitoring ☐ (*Please include your email address on the first page)*

Alternative Cash Payment ☐ (*Please note your payment selection below)*

CLAIM FOR THE CALIFORNIA STATUTORY PAYMENT

4. Were you a California resident at the time that at least one of the Incidents occurred?

Yes ☐ (If you did not receive notice of the Incidents in or around January 2023 at a California address, please include your mailing address on the first page and contact the Claim Administrator to send documentation that you resided in California at the time of at least one of the Incidents).

No ☐

PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

☐ **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 above.

CERTIFICATION AND SIGNATURE

By submitting this Claim Form, I certify that I am a Settlement Class Member and am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of the Incidents and that I have made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of Settlement funds and may be reduced, depending on the type of claim and the determinations of the Settlement Administrator.

Name: _____

Signature: _____

Date: _____