

Claim Forms
must be submitted
online or
postmarked by:
August 28, 2026

NOR-CLAIM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a Settlement Class Member, which means:

- You are an individual residing in the United States whose Private Information was impacted in the Data Incident affecting North Cottage Program, Inc. (“North Cottage”) in or around May 2024. You are included if you received notice of the Data Incident.

Participating Settlement Class Members can submit a Claim Form online at www.NorthCottageSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than **August 28, 2026**.

SETTLEMENT BENEFITS

Participating Settlement Class Members are eligible to receive Credit Monitoring Services **and** may elect one of the following cash payment options: (a) a Cash Benefit in the form of claims for Extraordinary Losses, Ordinary Losses, and/or Lost Time, or (b) the Alternative Cash Payment. Under the Settlement, the maximum amount North Cottage will pay for all Settlement Benefits is \$700,000.00. If the total Settlement Benefits claimed exceed \$700,000.00, the cost of credit monitoring will be paid as a first priority; other Class Benefits will be reduced *pro rata* as needed to stay within the \$700,000.00 overall cap.

Credit Monitoring Services. Includes one (1) year of three-bureau credit monitoring and \$1 million in identity theft protection insurance.

Extraordinary Losses Up to \$5,000.00 with supporting third-party documentation for any unreimbursed monetary losses that were actually incurred or spent because of the Data Incident between May 16, 2024, and August 28, 2026. Claims for Extraordinary Losses must be submitted with supporting documentation (*See* Documentation Requirement section below).

Example: Losses associated with identity theft or fraud (an unauthorized individual diverted, debited, withdrew, or otherwise conducted fraudulent operations to deprive you of actual money), which have not been reimbursed to you. Those losses also cannot be part of a pending claim with a third party for reimbursement. Any prior third-party claim for reimbursement for those same losses must have been denied.

Ordinary Losses Up to \$500.00 with supporting third-party documentation for any unreimbursed monetary losses that were actually incurred or spent because of the Data Incident between May 16, 2024, and August 28, 2026.

Example: Losses associated with lost time, professional fees including attorney fees, accountant 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 mailing of the notice of data breach, through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Documentation Requirement: Claims for **Extraordinary Losses** and **Ordinary Losses** must be submitted with documentation supporting the unreimbursed losses claimed. This can include receipts or other documentation that reflects the unreimbursed losses claimed and/or costs incurred. “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.

Claims for Lost Time. Participating Settlement Class Members can claim up to four (4) hours—at a rate of \$20.00 per hour—for lost time spent responding to the Data Incident. Claims for lost time are subject to the \$500.00 limit on Ordinary Losses. Documentation is not required for this benefit.

Alternative Cash Payment. Participating Settlement Class Members may claim an Alternative Cash Payment of \$50.00 per person in lieu of claims for Extraordinary Losses, Ordinary Losses, and Lost Time. In other words, if you select the Alternative Cash Payment, you cannot also receive compensation for Extraordinary Losses, Ordinary Losses, and Lost Time. Documentation is not required for this benefit.

QUESTIONS? VISIT WWW.NORTHCOTTAGESETTLEMENT.COM OR CALL TOLL-FREE 1-(844) 569-4296.

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Robert Woodward and Timothy King v. North Cottage Program, Inc.
Case No. 2473CV00710
Bristol County Superior Court for the Commonwealth of Massachusetts
CLAIM FORM

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I. NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if your 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

II. CREDIT MONITORING SERVICES

☐ Check this box if you wish to receive Credit Monitoring. 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").

In addition to Credit Monitoring, Settlement Class Members may also claim EITHER (a) Extraordinary Losses, Ordinary Losses, and/or Lost Time OR (b) the Alternative Cash Payment, but not both.

If you are claiming Extraordinary Losses, Ordinary Losses, and/or Lost Time, proceed to Sections III–V. If you are claiming the Alternative Cash Payment, proceed only to Section VI.

III. EXTRAORDINARY LOSSES

☐ Check this box if you are seeking reimbursement for Extraordinary Losses up to \$5,000.00.

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 that is supported by that documentation.

Description of Documentation Provided	Amount
Total Documented Extraordinary Losses Claimed:	

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IV. 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 that is supported by that documentation.

Description of Documentation Provided	Amount
Total Documented Ordinary Losses Claimed:	

V. LOST TIME

☐ Check this box if you are seeking reimbursement for lost time spent responding to the Data Incident.

You can claim up to four (4) hours at a rate of \$20.00 per hour (subject to the \$500.00 limit on Ordinary Losses). Indicate the number of hours you spent responding to the Data Incident and complete the attestation section describing how you spent that time.

Indicate the number of hours spent: ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

I hereby attest under penalty of perjury that the lost time claimed above was spent in response to the Data Incident, as follows:

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VI. ALTERNATIVE CASH PAYMENT

☐ Check this box if you are claiming the Alternative Cash Payment in the amount of \$50.00 instead of claiming for Extraordinary Losses, Ordinary Losses, or Lost Time. If you select this benefit, you can still claim Credit Monitoring Services.

VII. PAYMENT SELECTION

If you are receiving a cash payment, please select **one** of the following payment options.

☐ PayPal ☐ Venmo ☐ Zelle ☐ Virtual Prepaid Card ☐ Check

If you selected a digital payment option above, please provide the email address or mobile number associated with your selected digital payment option:

For more information, including disclosures, terms and conditions, related to PayPal, Venmo, Zelle, and Virtual Prepaid Card digital payment options, visit www.NorthCottageSettlement.com.

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

VIII. AFFIRMATION & SIGNATURE

By signing below and submitting this Claim Form, I swear and affirm under penalty of perjury under the laws of the United States and the Commonwealth of Massachusetts that the information supplied in this Claim Form and any documents submitted in support of this Claim Form are true and correct to the best of my knowledge or recollection.

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. By submitting this Claim Form, I hereby confirm that I am a Participating Settlement Class Member and that I am bound by the terms of the Settlement.

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 to:

NOR Settlement Administrator
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

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