

**Your claim must  
be submitted  
online or  
postmarked by:  
January 5, 2026**

*Pace v. Omni Family Health*  
Case No. BCV-25-102861  
Superior Court of the State of California, Kern County

**OMNI  
CLAIM**

## **SETTLEMENT CLAIM FORM**

### **GENERAL INSTRUCTIONS**

You are included in the **Settlement Class** if you are a U.S. resident whose Personal Information was potentially compromised as a result of the Data Incident which Omni Family Health (“Omni” or “Defendant”) became aware of on or about August 7, 2024. You are included in the **Settlement Subclass** if you are a Settlement Class Member who resided in California at any time between August 7, 2024 and the Claims Deadline.

**Excluded from the Settlement Class** are: (1) the judge presiding over the Litigation and members of his direct family, (2) Defendant, its subsidiaries, parent companies, successors, predecessors, and any entity in which the Defendant or Defendant’s parent companies have a controlling interest and their current or former officers and directors, and (3) Settlement Class Members who submit a valid Request for Exclusion prior to the Opt-Out Deadline.

**Data Incident** means Omni’s discovery of data allegedly posted on the dark web by hackers, which may have included Personal Information of Omni’s current and former patients and employees.

### **THE SETTLEMENT BENEFITS**

Settlement Class Members may submit claims for compensation for Out-of-Pocket Losses, a *pro rata* cash fund payment estimated to be \$105.56 per valid claimant at a 4% claims rate, and two (2) years of Credit Monitoring and Medical Shield services from CyEx. In addition to these benefits, Settlement Subclass Members may also submit a claim for an additional payment of \$100 in recognition of the protections afforded to California residents by the California Confidentiality of Medical Information Act.

**Compensation for Unreimbursed Out-of-Pocket Losses.** Participating Settlement Class Members can claim up to a total of \$5,000 per person for Out-of-Pocket Losses incurred as a result of the Data Incident, including, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, 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 the Data Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Settlement Class Members submitting claims for Out-of-Pocket Losses must submit documentation supporting their claims. This can include receipts or other documentation that document the costs incurred but does not include documentation that is “self-prepared” by the claimant. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

**Cash Fund Payment.** All Settlement Class Members are eligible to make a claim for a *pro rata* cash fund payment. The *pro rata* cash fund payments will evenly distribute the net amount of the Settlement Fund to each Settlement Class Member who submits a timely and valid claim. The net amount of the Settlement Fund shall be the amount remaining after payment of all Approved Claims for Out-of-Pocket Losses, Credit Monitoring and Medical Shield services, the Settlement Subclass Payments, Notice and Administration Expenses, any Fee Award and Expenses, and Service Awards.

**Credit Monitoring and Medical Shield.** All Settlement Class Members are eligible to make a claim for two (2) years of Medical Shield Complete by CyEx, which includes comprehensive monitoring for the exposure of Settlement Class Members’ medical information, at least one bureau of credit monitoring services, and \$1 million in identity theft protection.

**Settlement Subclass Payment.** Members of the Settlement Subclass may claim an additional \$100 cash payment in recognition of their claims under the California Confidentiality of Medical Information Act. This payment is subject

**Questions? Call 1-833-784-4179 Toll-Free or Visit [www.OFHDataSettlement.com](http://www.OFHDataSettlement.com)**

**Your claim must  
be submitted  
online or  
postmarked by:  
January 5, 2026**

*Pace v. Omni Family Health*  
Case No. BCV-25-102861  
Superior Court of the State of California, Kern County

**OMNI  
CLAIM**

**SETTLEMENT CLAIM FORM**

to a *pro rata* decrease in the event there are not sufficient funds to make all payments for Out-of-Pocket Losses and Credit Monitoring and Medical Shield services from the Settlement Fund.

**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

Phone Number

Notice ID (if known)

**II. COMPENSATION FOR OUT-OF-POCKET LOSSES**

- ☐ Check this box if you are seeking **Compensation for Out-of-Pocket Losses** that were incurred as a result of the Data Incident.

**You must submit supporting documentation** demonstrating the actual unreimbursed expenses you are seeking reimbursement for, capped at \$5,000 per Settlement Class Member.

*Complete the table below describing the supporting documentation you are submitting.*

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Freezing credit reports</i>	<i>\$40</i>
<b>TOTAL AMOUNT CLAIMED:</b>	

**Your claim must  
be submitted  
online or  
postmarked by:  
January 5, 2026**

*Pace v. Omni Family Health*  
Case No. BCV-25-102861  
Superior Court of the State of California, Kern County

**OMNI  
CLAIM**

**SETTLEMENT CLAIM FORM**

**III. CASH FUND PAYMENT**

☐ Check this box if you would like to receive a *pro rata* **Cash Fund Payment**.

**IV. CREDIT MONITORING & MEDICAL SHIELD**

☐ Check this box if you would like to receive two (2) years of **Medical Shield Complete by CyEx**. Be sure to provide your email address in Section I above.

**V. SETTLEMENT SUBCLASS PAYMENT**

☐ Check this box if you would like to receive the **Settlement Subclass Payment**. The Settlement Subclass includes all Settlement Class Members who resided in California at any time between August 7, 2024 and January 5, 2026.

**VI. PAYMENT SELECTION**

Please select **one** of the following payment options if you are seeking a payment under Sections II, III or V.

☐ **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: \_\_\_\_\_

☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

**VII. ATTESTATION & SIGNATURE**

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Your claim must  
be submitted  
online or  
postmarked by:  
January 5, 2026**

*Pace v. Omni Family Health*  
Case No. BCV-25-102861  
Superior Court of the State of California, Kern County

**OMNI  
CLAIM**

**SETTLEMENT CLAIM FORM**

**SUBMITTING A CLAIM FORM**

Visit [www.OFHDataSettlement.com](http://www.OFHDataSettlement.com) to submit your Claim Form online and upload supporting documentation, if necessary. You may also print out and complete this Claim Form and submit it by U.S. mail to: Omni Data Incident Settlement, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

The deadline to submit a Claim Form online is **January 5, 2026**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than **January 5, 2026**.