Your claim **must be** submitted online or postmarked by: **October 22, 2026**

Castro et al. v. Arch Health Partners, Inc. d/b/a Palomar Health Medical Group
Case No. 37-2024-00024339-CU-NP-CTL
Superior Court for the State of California, County of San Diego

CLAIM FORM

PHMG CLAIM

GENERAL INSTRUCTIONS

You are a member of the Settlement Class and eligible to submit a Claim Form if you are:

A person whose Private Information was accessed, acquired, disclosed, or compromised in the Data Incident.

"**Data Incident**" means any unauthorized access to, acquisition of, exfiltration of, theft of, disclosure of, compromise of, misuse of, loss of, or inability to access Private Information, that occurred in connection with the cybersecurity incident on Defendant's computer systems between April 23, 2024, and May 5, 2024, including but not limited to the events, facts, circumstances, conduct, acts, or omissions alleged in the Complaint or otherwise in the Action.

Excluded from the Settlement Class are: (1) all persons who are directors, officers, and agents of Defendant, or their respective subsidiaries and affiliated companies; (2) governmental entities; and (3) the Judge assigned to the Action, that Judge's immediate family, and Court staff.

You can submit a Claim Form online at www.PHMGDataSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than October 22, 2026.

Settlement Class Member Benefits

Cash Payment A – Documented Losses

Settlement Class Members may submit a claim for a Cash Payment for up to $5,000.00 per Settlement Cass Member upon presentment of documented losses related to the Data Incident.

- To receive a documented loss payment, a Settlement Class Member must elect Cash Payment A on the Claim Form, and attest under penalty of perjury to having incurred documented losses. Settlement Class Members will be required to submit reasonable documentation supporting the losses, which means documentation contemporaneously generated or prepared by a third party or the Settlement Class Member supporting a claim for expenses paid.
- Non-exhaustive examples of reasonable documentation include telephone records, correspondence including emails, or receipts. Except as expressly provided herein, personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by Defendant or otherwise.

Cash Payment B – Alternative Cash Payment

Settlement Class Members may alternatively elect to receive the Cash Payment B option, which is a cash payment in the estimated amount of $60.00. *The final amount of the flat cash payment will not be determined until all Claim Forms have been received and evaluated.*

Credit Monitoring

In addition to Cash Payment A or Cash Payment B, Settlement Class Members may also make a Claim for Credit Monitoring that will include two years of single bureau credit monitoring, including $1,000,000 in identity fraud insurance, and dark web monitoring.

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:

Palomar Health Data Incident Settlement
Po Box 60
East Brunswick, NJ 08816-9998

Do not include original copies of your supporting documentation, as the documentation will not be returned to you.

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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 | **Telephone Number** | **Notice ID, if known**

II. CASH PAYMENT A - DOCUMENTED LOSSES

☐ Check this box if you are requesting compensation for **documented losses** up to a total of $5,000.00. **You must submit supporting documentation demonstrating actual, unreimbursed documented losses related to the Data Incident.**

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	***Amount***
Example: Receipt for credit repair services	*$100*
TOTAL AMOUNT CLAIMED:	

☐ You must check this box to attest under penalty of perjury that the documented losses you listed above actually occurred, were related to the Data Incident, and that you have not been reimbursed for these documented losses.

III. CASH PAYMENT B – ALTERNATIVE CASH

☐ Check this box if you wish to receive the Cash Payment B – Alternative Cash option. The cash payment is estimated to be $60.00. *The final amount of the cash payment will not be determined until all Claim Forms have been received and evaluated.* You do not have to provide supporting documentation to receive the flat cash payment.

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IV. CREDIT MONITORING

☐ Check this box if you wish to receive two years of one-bureau credit monitoring. You can select this benefit *in addition to* selecting the Cash Payment A or Cash Payment B benefit. Be sure to provide an email address in Section I of this Claim Form. You will be emailed an activation code for Credit Monitoring services after the Settlement has received Final Approval from the Court and has become effective.

V. PAYMENT SELECTION

Please select **one** of the following payment options:

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

VI. AFFIRMATION & SIGNATURE

I swear and affirm under penalty of perjury pursuant to laws of the United States of America 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**