Claim Forms must be submitted online or postmarked by: February 1, 2027

Philip Durkin v. VNA of Texas
Case No. DC-26-03001
District Court of Dallas County, Texas
CLAIM FORM
www.VNAofTexasDataSettlement.com

VNA-CLAIM

GENERAL INSTRUCTIONS

This is the Court-approved Claim Form for Settlement Class Members in the ***Philip Durkin v. VNA of Texas*** class action Settlement. You are eligible to submit a Claim Form for Monetary Benefits if you are a member of the Settlement Class and if you do not exclude yourself ("opt-out") from the Settlement. This Claim Form may be completed and mailed to the Settlement Administrator or submitted online at www.VNAofTexasDataSettlement.com.

The Settlement Class includes: All individuals residing in the United States whose Personal Information was impacted in the cybersecurity incident involving VNA of Texas d/b/a The Visiting Nurse Association of Texas that occurred on or around July 17, 2025 (the "Data Incident"), including those who received notice of the breach.

The following individuals are excluded from the Settlement Class and are not eligible to submit a Claim Form: (i) Defendant (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) any judges assigned to this case and their staff and family; and (iv) any other person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Data Incident or who pleads *nolo contendere* to any such charge.

MONETARY BENEFITS

All Settlement Class Members are eligible to claim one of the following Monetary Benefits: (I) Compensation for Out-of-Pocket Losses of up to $4,000.00 **or** (II) the $50.00 Alternative Cash Payment.

I. Compensation for Out-of-Pocket Losses

To receive compensation for Out-of-Pocket Losses, Settlement Class Members must submit third-party documentation supporting the claimed losses, such as receipts, bank statements, or other official records. Documents prepared by the Settlement Class Member may be submitted to help explain or clarify the claimed loss, but they are not sufficient on their own to establish eligibility for compensation.

Examples of eligible Out-of-Pocket Losses include, but are not limited to, the following: losses associated with fraud or identity theft, 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 Incident, through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

II. Alternative Cash Payment

Settlement Class Members who do not submit a claim for Out-of-Pocket Losses may instead submit a claim for a $50 cash payment. No supporting documentation is required.

The total amount available for the Alternative Cash Payment is $165,000 ("Aggregate Cap"). If the total amount of Approved Claims for the Alternative Cash Payment exceeds $165,000, each Alternative Cash Payment will be reduced proportionally so that the total amount paid for all valid Alternative Cash Payment claims does not exceed $165,000.

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I. SETTLEMENT CLASS MEMBER 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**

Email Address	**Phone Number**	**Notice ID***

Located on the Notice of this Settlement that was mailed or emailed to Settlement Class Members.

II. COMPENSATION FOR OUT-OF-POCKET LOSSES – UP TO $4,000.00

☐ Check this box if you want to receive Compensation for Out-of-Pocket Losses.

Supporting Documentation: Fill in the chart below to describe the supporting documentation you are providing with this Claim Form and the loss amount(s) that you are seeking compensation for that are supported by that documentation.

Description of Out-of-Pocket Loss	Amount
Total Out-of-Pocket Losses Claimed:	

Remember: The Out-of-Pocket Losses claimed must have actually incurred, be fairly traceable to the Data Incident, and must not have already been reimbursed by a third-party.

III. ALTERNATIVE CASH PAYMENT

☐ Check this box if you want to receive the $50.00 Alternative Cash Payment.

Remember: If you are seeking Compensation for Out-of-Pocket Losses, you are not eligible to claim this payment. The $50.00 payment amount may be reduced *pro rata* depending on the number of valid Claim Form submissions that select this Monetary Benefit.

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IV. PAYMENT SELECTION

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

☐ PayPal ☐ Venmo ☐ Zelle ☐ Virtual Prepaid Card ☐ Check (mailed to the address in Section I)

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

It is your responsibility to notify the Settlement Administrator of any changes to your payment information after the submission of your Claim Form.

VI. CERTIFICATION

I swear and affirm under the laws of the United States and under penalty of perjury that: (a) the information provided in this Claim Form and any documents submitted with it are true and correct to the best of my knowledge and recollection; (b) I am a Settlement Class Member; (c) I have not requested exclusion from, or "opted out" of, the Settlement; (d) I understand that my claim is subject to verification and that the Settlement Administrator may request additional information before my claim is considered complete and valid; and (e) I understand that failure to provide requested information may result in the denial of my claim.

_____	_____	_____
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 the Settlement Administrator, so it is postmarked no later than **February 1, 2027**.

VNA Data Incident Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103