Must be postmarked or submitted online
NO LATER THAN DECEMBER 7, 2026

Wayne Memorial Data Incident
PO Box 19504
Irvine, CA 92623
www.WMHDataSettlement.com

Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice that your Private Information may have been impacted in the *Bates, et al., v. Wayne Memorial Hospital Auxiliary, Inc. d/b/a Wayne Memorial Hospital* data incident that was discovered on or around June 3, 2024, and if you did not opt out of the Settlement, you may submit a Claim.

The easiest way to submit a claim is online at www.WMHDataSettlement.com, but you can also complete and mail this Claim Form to the address above.

You may submit a Claim for one of the following Cash Payment options. In addition, you will automatically receive a code to enroll in Credit Monitoring.

Cash Payment A – Documented Losses. You are eligible to submit a Claim for a Cash Payment for Documented Losses for up to $5,000.00 per Settlement Class Member upon presentment of reasonable documentation of losses related to fraud and/or identity theft as a result of the Data Incident. Documented expenses include, by way of example, unreimbursed losses relating to fraud or identity theft: if (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Incident; (iii) the loss was incurred on or after the date of the Data Incident; and (iv) the Settlement Class Member made reasonable but unsuccessful efforts to avoid, or seek reimbursement for, the loss. To receive payment for documented losses, a Settlement Class Member must complete and submit a Claim Form and include documentation in support of the Claim. Except as expressly provided herein, personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute proper 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 any credit monitoring and identity theft protection product. If a Settlement Class Member does not submit documentation supporting a loss, or if the Settlement Administrator rejects for any reason the Settlement Class Member's Claim and the Settlement Class Member fails to cure the Claim, the Claim will be rejected.

Cash Payment B – Alternate Cash Payment. As an alternative to submitting a Claim for Cash Payment A – Documented Losses, you may elect to receive Cash Payment B – Alternate Cash Payment, which is a cash payment in the estimated amount of $25.00, which does not require any documentation. Cash Payment B – Alternate Cash Payment awards shall not exceed the $300,000.00 Settlement Cap. If the Settlement Cap is exceeded, the Cash Payment B – Alternate Cash Payment awards will be reduced pro rata until the Settlement Cap is no longer exceeded.

Credit Monitoring: In addition to a Cash Payment, you are entitled to receive two years of single-bureau Credit Monitoring services through CyEx or an equivalent service, which will include $1,000,000.00 in identity theft insurance. You will receive an enrollment code with your Notice, which must be activated after final approval of the Settlement. Additional details regarding enrollment will be available on the Settlement Website.

Claims must be submitted online or mailed by December 7, 2026. Use the address at the top of this form for mailed claims.

For more information and complete instructions, visit www.WMHDataSettlement.com.

Settlement benefits will be distributed after the Settlement is approved by the Court and final.

Your Information

This information will be used solely to contact you and to process your Claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing WMHDataSettlement@cptgroup.com.

First Name | MI | Last Name

Mailing Address

City | State | ZIP Code

Phone Number

– –

Email Address

CPT ID (Referenced on the notice mailed to you)

You may elect to receive one of the following Cash Payment options.

1. Cash Payment A – Documented Losses: You can receive reimbursement for up to $5,000.00 per Settlement Class Member upon presentment of documented losses related to the Data Incident.

Examples of losses may include, but are not limited to: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Incident; (iii) the loss was incurred on or after the date of the Data Incident; and (iv) the Settlement Class Member made reasonable but unsuccessful efforts to avoid, or seek reimbursement for, the loss.

Examples of supporting documentation include (but are not limited to): (i) credit card statements; (ii) bank statements; (iii) invoices; (iv) telephone records; and (v) receipts. "Self-prepared" documents such as handwritten receipts, personal certifications, declarations, or affidavits alone do not constitute proper documentation, but may be included to provide clarification, context, or support for other submitted reasonable documentation. You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source.

To receive reimbursement for Documented Losses, provide the details below and attach supporting documentation.

Date	Description of Expense and Supporting Documents	Amount

ATTACH DOCUMENTS: Attach copies of credit card statements, bank statements, invoices, telephone records, and receipts for each expense (you may redact unrelated transactions).

2. Cash Payment B – Alternate Cash Payment: As an alternative to Cash Payment A, you may elect to receive Cash Payment B – Alternate Cash Payment which is a cash payment in the estimated amount of $25.00, which does not require any documentation. This amount may be reduced on a pro rata basis depending on the number of Valid Claims submitted.

☐ Check this box to receive an Alternate Cash Payment.

If you make a claim for a cash payment using this Claim Form, you will receive your payment by check. To receive an electronic payment such as PayPal, Venmo, or Direct Deposit, file your claim at www.WMHDataSettlement.com.

I declare under penalty of perjury under the laws of the United States that the information provided in this Claim Form is true and correct, that I am eligible to submit a Claim in this Settlement, and that I have completed this Claim Form to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete and valid.

_____ Date: _____ - _____ - _____

Signature MM DD YYYY

_____

Print Name