

**Your claim must
be submitted
online or
postmarked by:
December 3, 2025**

In Re Shields Health Group, Inc. Data Breach Litigation, Case No. 1:22-cv-10901-PBS
(D. Mass.) and *Kossifos v. Shields Health Care Group, Inc.*, No. 2282-cv-00561
(Norfolk County), consolidated with *Johnson v. Shields Health Care Group, Inc.*,
No. 2277-cv-00839 (Essex County) and *Biscan v. Shields Health Care Group, Inc.*,
No. 2382-cv-0023 (Norfolk County).

**PAR
CLAIM**

SETTLEMENT CLAIM FORM

GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive settlement benefits.

The Settlement Class includes all individual U.S. residents identified by Shields Health Care Group, Inc. (“Shields”) as having their Personal Information potentially impacted by the Data Incident. The Settlement Class contains approximately 2,382,578 individuals.

Excluded from the Settlement Class are: are: (1) any Judge or Magistrate Judge presiding over the Litigation, any members of the Judges’ respective staffs, and immediate members of the Judges’ respective families; (2) officers, directors, members, and shareholders of the Defendant; (3) persons in the Federal Action Settlement Class who timely and validly request exclusion from and/or opt-out of the Settlement Class and the successors and assigns of any such excluded persons; (4) any persons whose claims in this matter have been finally adjudicated on the merits or otherwise released; (5) Parties’ Counsel; and (6) any person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding, or abetting the criminal activity or occurrence of the Data Incident or who pleads nolo contendere to any such charge.

Settlement Class Members may submit a Claim Form for:

- (i) **Ordinary Out-of-Pocket Losses and Ordinary Attested Time** up to \$2,500 per individual.
 - **Ordinary Out-of-Pocket Losses (Section I):** Documented, unreimbursed costs, losses, or expenditures incurred in responding to the Data Incident and/or notice of the Data Incident;
 - **Ordinary Attested Time (Section II):** at \$30/hour for up to 5 hours for time spent responding to the Data Incident and/or notice of the Data Incident.
- (ii) **Extraordinary Losses and Extraordinary Attested Time** up to \$25,000 per individual.
 - **Extraordinary Losses (Section III):** Documented, unreimbursed costs, losses, or expenditures more likely than not connected to the Data Incident and not reimbursable as Ordinary Out-of-Pocket Losses. Examples include costs, losses or expenditure incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of personal information;
 - **Extraordinary Attested Time (Section IV):** at \$30/hour for up to 20 hours for time spent remedying identity theft, fraud, or other misuse of your personal information more likely than not connected to the Data Incident.
- (iii) **Alternative Cash Payment (Section V):** A flat cash payment of \$50.00 per individual as an alternative to making a claim for either Ordinary Out-of-Pocket Losses and/or Ordinary Attested Time or for Extraordinary Out-of-Pocket Losses and/or Extraordinary Attested Time.

You can make a claim for compensation under ANY or ALL the Ordinary and Extraordinary sections (for a total of up to \$25,000). You can only make a claim under the Alternative Cash Payment section if you do NOT make a claim in any of the Ordinary or Extraordinary sections.

Ordinary Out-of-Pocket Losses and Extraordinary Losses **must be documented**. Documentation can include receipts or other documentation not self-prepared by the Settlement Class Member that documents the unreimbursed cost, loss, or expenditure incurred. Claims, even if approved, may be reduced *pro rata* based on the availability of funds. Claims, if approved, also may be increased *pro rata* (up to a maximum of \$400 increase) based on the availability of funds.

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This Claim Form may be submitted electronically via the Settlement Website at www.ShieldsDataSettlement.com or completed and mailed, including any supporting documentation, to: Shields Data Incident Settlement, c/o Analytics Consulting LLC, P.O. Box 2006, Chanhassen MN 55317-2006.

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

Login ID, if known

II. ORDINARY OUT-OF-POCKET LOSSES

☐ Check this box if you are claiming **Ordinary Out-of-Pocket Losses** (up to a total of \$2,500.00 inclusive of any Ordinary Attested Time).

Ordinary Out-of-Pocket Losses are unreimbursed costs, losses, or expenditures incurred by a Settlement Class member in responding to the Data Incident and/or notice of the Data Incident.

Ordinary Out-of-Pocket Losses may include, without limitation, the following: (1) costs associated with accessing or freezing/unfreezing credit reports with any credit-reporting agency; (2) other miscellaneous expenses incurred related to any Ordinary Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (3) credit monitoring or other mitigative costs.

You must submit supporting documentation demonstrating actual, unreimbursed cost, loss or expenditure. Complete the chart below describing the supporting documentation you are submitting along with a brief description of the nature of the cost, loss or expenditure is not apparent.

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Description of Documentation Provided	Amount
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>
TOTAL AMOUNT CLAIMED:	

III. ORDINARY ATTESTED TIME

- ☐ Check this box if you are requesting compensation for **time spent responding to the Data Incident and/or notice of the Data Incident** (which will be calculated and paid at a rate of \$30 per hour for a maximum of 5 hours). You must attest to and briefly describe (1) the actions taken in response to the Data Incident and/or notice of the Data Incident; and (2) the time associated with each action.

I hereby attest I spent: ____ hours responding to the Data Incident and/or receiving notice of Data Incident, as follows:

IV. EXTRAORDINARY LOSSES

- ☐ Check this box if you are claiming **Extraordinary Losses** (up to a total of \$25,000.00 inclusive of any Extraordinary Attested Time).

Extraordinary Losses are unreimbursed costs, losses, or expenditures incurred by a Settlement Class Member that are more likely than not connected to the Data Incident and are not reimbursable as Ordinary Out-of-Pocket Losses. Extraordinary Losses may include, without limitation, the unreimbursed costs, losses, or expenditures incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of the Settlement Class Member's personal information.

Extraordinary Losses will be deemed "more likely than not connected to the Data Incident" if (1) the timing of the unreimbursed cost, loss, or expenditure was incurred in responding to the Data Incident and/or notice of the Data Incident; and (2) the personal information used to commit identity theft or fraud consisted of the same type of personal information that was provided to Defendant prior to the Data Incident.

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You must submit supporting documentation demonstrating actual, unreimbursed cost, loss or expenditure. Complete the chart below describing the supporting documentation you are submitting along with a brief description of the nature of the cost, loss or expenditure is not apparent.

Description of Documentation Provided	Amount
<i>Example: Unreimbursed loss resulting from fraud or identity theft</i>	<i>\$100</i>
TOTAL AMOUNT CLAIMED:	

V. EXTRAORDINARY ATTESTED TIME

☐ Check this box if you are requesting compensation for **time spent remedying identity theft, fraud, or other misuse of your personal information more likely than not as a result of the Data Incident or notice of the Data Incident** (which will be calculated and paid at a rate of \$30 per hour for a maximum of 20 hours). You must attest to and sufficiently describe (1) the nature and date(s) of identity theft, fraud, or misuse of Personal Information; (2) the actions taken to remedy identity theft, fraud, or other misuse of their information related to the Data Incident; and (3) the time associated with each action.

Extraordinary Attested Time will be deemed "more likely than not" if (1) the timing of the unreimbursed cost, loss, or expenditure was incurred in responding to the Data Incident and/or notice of the Data Incident; and (2) the personal information used to commit identity theft or fraud consisted of the same type of personal information that was provided to Defendant prior to the Data Incident.

I hereby attest I spent: _____ hours to remedy identity theft, fraud, or other misuse of my personal information related to the Data Breach, as follows:

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VI. ALTERNATIVE CASH PAYMENT

- ☐ Check this box if you wish to receive a flat cash payment of \$50.00 as an alternative to making a claim for either Ordinary Out-of-Pocket Losses and/or Ordinary Attested Time or for Extraordinary Out-of-Pocket Losses and/or Extraordinary Attested Time. Settlement Class Members do not need to submit any supporting documentation or attestations to receive this alternative cash payment. If you elected to receive payment under any of Sections II–V above, you are **not** eligible for this Alternative Cash Payment.

VII. PAYMENT SELECTION

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

- ☐ **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: _____
- ☐ **Virtual Prepaid Card** - Enter your email address: _____
- ☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

VIII. ATTESTATION & SIGNATURE

I swear and affirm 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. I understand my claim, even if approved, may be reduced based on availability of funds.

Signature

Printed Name

Date Signed