

# Exhibit 2





maintaining a calendar of administrative deadlines and responsibilities; (d) effecting Notice to Class Action Settlement as set forth in Ex. D to the Settlement Agreement; (e) receiving and validating Requests for Exclusion, Objections and Claims submitted by Settlement Class Members; (f) processing and mailing payments to Settlement Class Members and Class Counsel; and (g) other tasks as the Parties mutually agree or the Court orders Analytics to perform.

4. On May 15, 2025, I provided a Declaration in Support of Proposed Notice Program that was submitted with Plaintiffs' Unopposed Motions for Preliminary Approval of the Class Action Settlement ("Notice Program Declaration"). In conjunction with the Notice Program Declaration, I reviewed the proposed Long Form Notice and Claim Form, Federal Class Postcard Notice including a Claim Form and State Class Postcard Notice including a Claim Form ("Class Notices") that were ultimately approved by the Courts. The Class Notices advised Settlement Class Members of their right to request exclusion from the Settlement if they were a Federal Class Member, object to the Settlement or file a Claim Form and the implications of each such action. The Class Notices advised Settlement Class Members of applicable deadlines and other events, including the Final Approval Hearing, and how they could obtain additional information.

5. On May 27, 2025, Analytics sent CAFA notices to the appropriate Government Officials as required by 28 U.S.C. § 1715.

6. On June 30, 2025, Analytics received a mailing list ("Class List") from Counsel for Defendant. The file contained names and last known mailing addresses where available, for a total of 2,382,074 Settlement Class Members.

7. The mailing addresses contained in the Class List were processed and updated utilizing the National Change of Address Database ("NCOA") maintained by the U.S. Postal Service. The NCOA contains requested changes of address filed with the U.S. Postal Service. In the event that any individual

had filed a U.S. Postal Service change of address request, the address listed with the NCOA would be utilized in connection with the mailing of the Postcard Notices to Settlement Class Members.

8. Analytics identified 49,696 duplicate Settlement Class Member records and excluded them from the mailing list.

9. Analytics identified 286 test records with names such as PATIENT TEST and PORTAL TEST with bogus addresses and excluded them from the mailing list. These records were flagged as non-class members.

10. This resulted in 2,332,092 Settlement Class Members.

11. Analytics established a toll-free phone number (855) 361-2172, a case website at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com) with the ability to file Claim Forms electronically, and an email address at [ShieldsDataIncident@noticeadministrator.com](mailto:ShieldsDataIncident@noticeadministrator.com) to provide assistance and information to Settlement Class Members. The phone number, website and email address were included in the Class Notices.

12. The Long Form Notice and Claim Form were available for download at the website and are attached as Exhibits A and B respectively.

13. Analytics manually corrected 4,502 partial addresses. There were a total of 33,181 records with missing or incomplete addresses that Analytics was unable to manually correct.

14. Analytics was provided copies of the Preliminary Approval Orders from the Federal Action dated September 9, 2025 and from the State Action dated September 11, 2025.

15. On October 6, 2025, Analytics mailed the approved Federal and State Postcard Notices, which included a tear-off Claim Form with return postage prepaid, to the most current mailing address of 2,041,255 State Class Members and 257,656 Federal Class Members via USPS First Class Mail. A

total of 2,298,911 Postcard Notices were mailed. A copy of the State Class Postcard Notice is attached hereto as Exhibit C and the Federal Class Postcard Notice is attached as Exhibit D.

16. If a Postcard Notice was returned by the USPS as undeliverable and without a forwarding address, Analytics performed an advanced address search using Experian, a reputable research tool. Analytics used the name and previous address to locate the current address. A total of 564,374 Postcard Notices were returned as undeliverable by the Post Office. Analytics located 187,548 updated addresses and 173,339 State Postcard Notices and 14,209 Federal Postcard Notices were mailed to the updated addresses.

17. A total of 1,922,085 Settlement Class Members (82.41%) received a Postcard Notice. Many courts have accepted and understood that a 75% or 80% reach is sufficient. In 2010, the FJC issued a “Judges’ Class Action Notice and Claims Process Checklist and Plain Language Guide” (the “FJC Guide”). This FJC Guide states that, “[t]he lynchpin in an objective determination of the adequacy of a proposed notice effort is whether all the notice efforts together will reach a high percentage of the class. It is reasonable to reach between 70–95%.”<sup>1</sup> In this matter, we delivered the Class Notice to the middle of this range.

18. Federal Class Members could exclude themselves from the proposed settlement by mailing or emailing a written statement requesting exclusion from the Class to Analytics by November 25, 2025. Six valid and timely exclusion requests were received by Analytics and are attached as Exhibit E. An exclusion request was submitted by a State Class Member and is not valid. It is attached as Exhibit F.

19. Class Members could object to the proposed settlement by mailing or emailing a written statement objecting to the settlement to Analytics by November 25, 2025. One timely objection was

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<sup>1</sup> Judges’ Class Action Notice and Claims Process Checklist and Plain Language Guide at 3, FED. JUD. CTR. (2010), <https://www.fjc.gov/sites/default/files/2012/NotCheck.pdf>. .

received by Analytics and is attached as Exhibit G. One objection was received after the Objection Deadline and is attached as Exhibit H. The objector identified in Ex. H also submitted a Claim Form requesting the Alternative Cash Payment. The Parties have agreed to treat the objection at Ex. H as timely.

20. One State Class Member mailed a letter to Analytics regarding the proposed Settlement, which was neither an objection nor an exclusion request. This letter was forwarded to the Parties for review and is attached as Exhibit I.

21. Settlement Class Members had to submit a valid Claim Form online by December 3, 2025, or by mail postmarked by December 3, 2025, in order to receive a settlement payment from the proposed settlement. Approximately 211,147 Claim Forms have been received, and Analytics continues to process them. As of the date of this declaration, Analytics has determined that 73,637 Claim Forms have been submitted by State Class Members, and 10,117 Claim Forms have been submitted by Federal Class Members. Of the processed claims, 64,181 Settlement Class Members have elected to receive the Alternative Cash Payment.

22. As of the date of this declaration, 487 Claim Forms have been found to be deficient. Deficiency letters will be sent by mail or email to all Settlement Class Members with deficient Claim Forms to allow them the opportunity to correct their Claim Form.

23. On October 28, 2025, a Claim Form with a contingent objection was submitted by an individual who did not appear in the Class List. A copy of this Claim Form is attached as Exhibit J.

24. Analytics' work in connection with this matter will continue with the completion of claim processing, final claims report production, issuance and mailing of the settlement checks and digital payments, and to do the necessary tax reporting for the settlement fund.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: December 9, 2025

A handwritten signature in blue ink, appearing to read "Richard Simmons", written over a horizontal line.

Richard Simmons

# Exhibit A

**NOTICE OF CLASS ACTION SETTLEMENT**

DISTRICT OF MASSACHUSETTS

*In re Shields Health Group, Inc. Data Breach Litigation*, Case No. 1:22-CV-10901-PBS  
(This is the “Federal Action” and includes all Federal Action Settlement Class members,  
meaning those Settlement Class Members that are NOT residents of Massachusetts)

MASSACHUSETTS SUPERIOR COURT (Norfolk County)

*Kossifos v. Shields Health Care Group, Inc.*, Case No. 2282-CV-00561  
(This is the “State Action” and includes all State Action Settlement Class members,  
meaning those that are residents of Massachusetts)

**IF YOUR PERSONAL INFORMATION WAS IMPACTED BY THE  
SHIELDS HEALTH CARE GROUP, INC. DATA INCIDENT,  
A PROPOSED CLASS ACTION SETTLEMENT MAY AFFECT YOUR RIGHTS,  
AND ENTITLE YOU TO A CASH PAYMENT**

*A court has authorized this Notice. This is not a solicitation from a lawyer.*

A Settlement has been reached with Shields Health Care Group, Inc. (“Shields”) in class action lawsuits concerning the cyberattack on Shields’ computer network between March 7 and March 21, 2022 (the “Data Incident”), in which certain files that may have included patients’ private information may have been accessed. Shields denies the claims and contentions in the lawsuits, but has agreed to a settlement to avoid the costs and risks associated with the litigation.

This notice summarizes the Settlement. If you are a Settlement Class Member, there are benefits available to you from the Settlement. The Settlement includes all individuals residing in the United States whose personal information was impacted by the Data Incident. **The easiest way to submit a claim under the Settlement is online at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).**

The Settlement provides payments and other benefits to people who submit valid claims. More specifically, the settlement relief includes:

- **Reimbursement for Ordinary Out-of-Pocket Losses and Ordinary Attested Time.** You may submit a claim for a maximum of \$2,500 (two thousand five hundred dollars) for reimbursement of any documented costs, losses, and time spent responding to the Data Incident and/or notice of the Data Incident, including, but not limited to: (i) costs associated with accessing, freezing, or unfreezing credit reports with any credit-reporting agency; (ii) credit monitoring or other mitigative costs; (iii) miscellaneous expenses incurred relating to Ordinary Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (iv) up to five (5) hours of time at a rate of \$30.00 (thirty dollars) per hour spent in responding to the Data Incident and/or notice of the Data Incident.
- **Reimbursement for Extraordinary Out-of-Pocket Losses and/or Extraordinary Attested Time.** You may submit a claim for a maximum of \$25,000.00 (twenty-five thousand dollars) in compensation for documented losses that are more likely than not connected to the Data Incident and that are not reimbursable as Ordinary Out-of-Pocket Losses, including, but not limited to: identity theft, fraud, falsified tax returns, real estate title fraud, financial fraud, government benefits fraud, or other misuse of your Personal Information. Your claim may include up to twenty (20) hours of time at a rate of \$30.00 (thirty dollars) per hour spent remedying your Extraordinary Out-of-Pocket Losses.
- **Alternative Cash Payment.** If you do not submit a claim for Ordinary or Extraordinary Losses or Time as described above, you may submit a claim for a one-time \$50 (fifty dollars) cash payment.

**You can make a claim for compensation under ANY or ALL of the Ordinary and Extraordinary categories for a total of up to \$25,000. You can only make a claim for the Alternative Cash Payment if you do NOT make a claim for either the Ordinary or Extraordinary losses.**

**ALL BENEFITS (AND THE AMOUNT PAID TO SETTLEMENT CLASS MEMBERS UNDER THIS SETTLEMENT) MAY BE LOWER DEPENDING ON THE TOTAL AMOUNT OF APPROVED CLAIMS.**

**Your legal rights are affected even if you do nothing. Read this Notice carefully.**

<b>YOUR LEGAL RIGHTS AND OPTIONS IN THIS SETTLEMENT</b>		<b>DEADLINE</b>
File a claim for Settlement Benefits	<p>You must submit a claim form in order to receive monetary compensation for Ordinary Out-of-Pocket Losses and/or Ordinary Attested Time, Extraordinary Out-of-Pocket Losses and/or Extraordinary Attested Time, or Alternative Cash Payment.</p> <p>Your claim form must include your Login ID found on the postcard notice sent to you or available from the Settlement Administrator, or, if you believe your personal information was compromised, accessed, exfiltrated, or otherwise impacted in the Data Incident but you did not receive written notice from Shields, you must include documentation demonstrating why you believe your information was compromised, accessed, exfiltrated, or otherwise impacted.</p>	<b>December 3, 2025</b>
Exclude yourself from the Settlement (Only Available in the Federal Action)	<p>If you are a Massachusetts resident (and, therefore, a member of the State Action Settlement Class), you cannot exclude yourself from the Settlement if it is approved by the State Court in the State Action.</p> <p>If you are a resident of any U.S. state, territory, or district, other than Massachusetts (and, therefore, a member of the Federal Action Settlement Class), you can exclude yourself from the Settlement by informing the Settlement Administrator that you want to “opt-out” of the Federal Action Settlement Class. If the Settlement becomes final, this is the only option that allows you to retain your rights to separately sue Shields (or any other Released Parties) for claims related to the Data Incident. If you opt-out of the Federal Action Settlement Class, you may not make a claim for benefits under the Settlement. If you opt-out, you may not object to the Settlement.</p>	<b>November 25, 2025</b>
Object to or comment on the Settlement	<p>Anyone who is a member of the Settlement Class, regardless if in the State Action or Federal Action, may object to the Settlement by writing to explain to the Court why you don’t think the Settlement should be approved. If you object, you will remain a Settlement Class Member, and if the Settlement is approved, you will be eligible for the benefits of the Settlement and give up your right to sue Shields (or any other Released Parties) for claims related to the Data Incident, as described in the Settlement Agreement available on the Settlement website <a href="http://www.ShieldsDataSettlement.com">www.ShieldsDataSettlement.com</a>.</p>	<b>November 25, 2025</b>
Do Nothing	<p>If you do nothing, you will not be entitled to receive compensation for documented losses or undocumented out-of-pocket losses. If the Settlement becomes final, you will also give up your rights to sue Shields (or any other Released Parties) separately for claims relating to the Data Incident or to continue to pursue any such claims you have already filed.</p>	<b>No deadline</b>

These rights and options—and how and when you need to exercise them—are explained in this notice.

The Courts presiding over the Litigation still must decide whether to grant final approval of the Settlement. Payments will only be made after the Courts grant final approval of the Settlement and after any appeals are resolved.

## WHAT THIS NOTICE CONTAINS

[BASIC INFORMATION](#)

[WHO IS PART OF THE SETTLEMENT?](#)

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[LEGAL RIGHTS RESOLVED THROUGH THE SETTLEMENT](#)

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## BASIC INFORMATION

### 1. What is this notice, and why did I get it?

A Court authorized this Notice because you have a right to know about the proposed Settlement of these class action lawsuits, and about all of your options before the Court decides whether to grant final approval of the Settlement. This Notice explains the lawsuits, your legal rights, what benefits are available, and who can receive them.

The Settlement is for two cases:

One pending in the United States District Court for the District of Massachusetts and called *In re Shields Health Group, Inc. Data Breach Litigation*, Case No. 1:22-CV-10901-PBS. This case is referred to as the “Federal Action” and is for all Settlement Class Members that are residents of any U.S. state, territory, or district, EXCEPT for Massachusetts.

Another is pending in Massachusetts Superior Court in Norfolk County, Massachusetts, and is called *Kossifos v. Shields Health Care Group, Inc.*, Case No. 2282-CV-00561. This case is referred to as the “State Action” and is for all Settlement Class Members that are residents of Massachusetts.

The people that filed these lawsuits are called the “Plaintiffs” (or “Class Representatives”) and Shields is called the “Defendant.”

### 2. What are these lawsuits about?

These lawsuits allege that during a cyberattack on Shields’ computer network between March 7 and March 21, 2022 (the “Data Incident”), certain files that contained patients’ private information, including health information, were viewed and/or taken by the unauthorized actor. Shields denies the claims and contentions in the lawsuits, but agreed to a settlement to avoid the costs and risks associated with the litigation.

### 3. Why is this a class action?

In a class action, one or more people called “class representatives” sue on behalf of themselves and other people with similar claims. All of these people together are the “class” or “class members.” Because this is a class action settlement, even persons who did not file their own lawsuit can obtain benefits provided under the settlement, except for those individuals who exclude themselves from the settlement class by the deadline.

#### 4. Why is there a Settlement?

The Court has not decided in favor of Plaintiffs or Shields. Instead, both sides agreed to a settlement after a lengthy mediation process overseen by a neutral mediator. Settlements avoid the costs and uncertainty of a trial and related appeals, while more quickly providing benefits to members of the settlement class. Plaintiffs and their attorneys think the Settlement is best for all Class Members.

### WHO IS PART OF THE SETTLEMENT?

#### 5. How do I know if I am part of the Settlement?

You are a Settlement Class Member if you reside in the United States and Shields identified as potentially having their Personal Information impacted by the Data Incident. Shields represents that the Settlement Class consists of approximately 2,382,578 individuals. On or around July 25, 2022, Shields began providing rolling notice of the Data Incident to impacted individuals. Shields continued to send notice to impacted victims over the next several months.

There are two “sub-classes” within the Settlement Class: one for the Federal Action Settlement Class (non-Massachusetts residents) and one for the State Action Settlement Class (Massachusetts residents). Both sub-classes are entitled to participate in the Settlement benefits.

There are also certain individuals excluded from the Settlement, which are:

(1) any Judge or Magistrate Judge presiding over the Action, any members of the Judges’ respective staffs, and immediate members of the Judges’ respective families; (2) officers, directors, members and shareholders of the Defendants; (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.

If you are not sure whether you are included in the Settlement Class, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: ShieldsDataIncident@noticeadministrator.com
- Call toll free, 24/7: 1-855-361-2172
- By mail: Shields Data Incident Settlement  
Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-2006

You may also view the Settlement Agreement [here](#).

### THE SETTLEMENT BENEFITS

#### 6. What does the Settlement provide?

Shields will establish a Settlement Fund of \$15,350,000.00.

Once court-approved attorneys’ fees and costs, Service Awards, and costs of administering this settlement are paid, the net amount will be used to pay Class Member claims.

You are not limited to one benefit. If you are eligible for multiple benefits, as described below, you may file a claim for each of them.

**ORDINARY OUT-OF-POCKET LOSSES.** Class Members may submit a Claim for reimbursement of documented out-of-pocket losses incurred while responding to the Data Incident or notice of the Data Incident. The maximum amount for this reimbursement is \$2,500.00.

Out-of-Pocket Losses include such expenses as:

- (1) costs associated with accessing or freezing/unfreezing credit reports with any credit-reporting agency;
- (2) other miscellaneous expenses incurred related to any 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 third-party documentation, such as receipts, to verify the costs you incurred. Self-prepared documentation is not sufficient to support a claim under this category.

**ORDINARY ATTESTED TIME.** If you spent time responding to the Data Incident or notice of the Data Incident, you may claim up to five (5) hours of reimbursable time at \$30.00 per hour. You will need to provide a brief description of what you did during this time.

Attested Time may be claimed together with Ordinary Out-of-Pocket Losses, above, up to the \$2,500.00 maximum.

**EXTRAORDINARY LOSSES.** Extraordinary losses are any unreimbursed costs, losses, or expenditures that are more likely than not connected to the Data Incident and that are not reimbursable as Ordinary Out-of-Pocket Losses, including those losses associated with identity theft, fraud, falsified tax returns, real estate title fraud, financial fraud, government benefits fraud, or other misuse of your personal information. You may claim up to \$25,000.00 of extraordinary losses if those losses are fairly traceable to the Data Incident.

“More likely than not connected” means that (1) the unreimbursed losses were incurred in responding to the Data Incident or notice of the Data Incident; and (2) the personal information used to commit identity theft, fraud, or other misuse consisted of the same type of personal information that was provided to Shields prior to the Data Incident or that can be reasonably obtained on the basis of personal information that was provided to Shields prior to the Data Incident.

You must submit third-party documentation, such as receipts, to verify the costs you incurred. Self-prepared documentation is not sufficient to support a claim under this category.

Extraordinary Losses may be claimed together with Ordinary Out-of-Pocket Losses and Attested time, up to the \$25,000.00 maximum.

**EXTRAORDINARY ATTESTED TIME.** If you spent time addressing Extraordinary Losses, you may claim up to twenty (20) hours of reimbursable time at \$30.00 per hour. You will need to provide a brief description of the nature and date(s) of identity theft, fraud, or misuse of Personal Information you experienced and what you did during this time. The Settlement Administrator may request additional documentation.

Extraordinary Attested Time may be claimed together with Ordinary Attested Time, up to the twenty (20) hour maximum, and with Out-of-Pocket Losses and Extraordinary Losses, up to the \$25,000.00 maximum.

*No claim or combination of claims can exceed the \$25,000.00 maximum.*

**ALTERNATIVE CASH PAYMENT.** Instead of filing a claim under one of the four categories above for Ordinary or Extraordinary Out-of-Pocket Losses and/or Attested Time, you may claim an Alternative Cash Payment of \$50.00 with no documentation required.

If you have questions about any of these benefits, or how to file a claim, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: ShieldsDataIncident@noticeadministrator.com
- Call toll free, 24/7: 1-855-361-2172

- By mail: Shields Data Incident Settlement  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-2006

You may also view the Settlement Agreement at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).

## 7. What happens if the amount of claims either exceeds the amount of the Settlement, or does not reach the amount of Settlement Funds available for payment of claims?

The final amount of all cash payments may be larger or smaller than the amount claimed, based on the total number of approved claims.

If the amount of Approved Claims exceeds the Settlement Funds available to pay claims, then the Approved Claims will be reduced on a *pro rata* basis such that the total amount of all claims does not exceed the amount of the Settlement Fund after accounting for Administration and Notice Costs, Service Awards, and Attorneys' Fees and Expenses as approved by the Court.

If Settlement Funds remain available after accounting for all Approved Claims, Administration and Notice Costs, Service Awards, and Attorneys' Fees and Expenses as approved by the Court, then the Approved Claim payments will be increased on a *pro rata* basis. If the claims are increased due to the availability of funds, the total amount of the *pro rata* increase to the claim award will not exceed \$400 on top of the claimed amount.

## HOW DO YOU RECEIVE A BENEFIT?

### 8. How do I file a claim to receive a payment?

The fastest way to submit your Claim Form is online at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com). If you prefer, you can download the Claim Form from the website and mail it to the Settlement Administrator at: Shields Data Incident Settlement, c/o Analytics Consulting LLC, P.O. Box 2006, Chanhassen, MN 55317-2006.

You may also contact the Settlement Administrator to request a Claim Form by telephone, toll free, 1-855-361-2172, by email [ShieldsDataIncident@noticeadministrator.com](mailto:ShieldsDataIncident@noticeadministrator.com), or by U.S. mail at the address above.

### 9. What is the deadline for submitting a claim?

If you are submitting a Claim Form online, you must do so by **December 3, 2025**. If you are submitting a claim by U.S. mail, the completed and signed Claim Form, along with any supporting documentation, must be mailed so it is postmarked no later than **December 3, 2025**.

### 10. When will I get my payment?

The Courts will hold a hearing on **December 16, 2025 at 2:00 p.m.** to decide whether to approve the Settlement Agreement. This hearing date and time may be moved without notice to the class. Both Courts must approve the Settlement for any payments to be made. If the Courts approve the Settlement Agreement, there may still be appeals. It is always uncertain whether these appeals can be resolved, and resolving them can take time, perhaps more than a year. Please be patient.

## LEGAL RIGHTS RESOLVED THROUGH THE SETTLEMENT

### 11. What am I giving up as part of the Settlement?

If you make a claim under the Settlement, or if you do nothing, you will be releasing all of your claims relating to the Data Incident against Shields and any Released Parties when the Settlement becomes final. This means you cannot sue, continue to sue, or be part of any other lawsuit against Shields or any Released Parties related to the Data

Incident—whether or not you are currently aware of those claims. The Released Parties includes Defendant’s Health Care Facility Partners, which are the entities for which Shields maintained, stored, or had access to patient and/or employee information that was potentially impacted in the Data Incident.

All of the decisions by the Court will bind you. That means you will be bound to the terms of the Settlement and accompanying court orders, and cannot bring a lawsuit or be part of another lawsuit against Shields or any Released Parties regarding the Data Incident.

Paragraphs 14.1, 2.38, 2.38, 2.37, and 2.12 of the Settlement Agreement defines the claims, people, and entities that will be released by Settlement Class Members. You can access the Settlement Agreement and read the specific details of the legal claims being released at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).

If you have any questions, you can contact the Settlement Administrator.

## THE LAWYERS REPRESENTING YOU

### 12. Do I have a lawyer in this case?

Yes. The Court appointed George Feldman McDonald, PLLC; Lynch Carpenter LLP; Keller Postman; Morgan & Morgan; and Mazow McCullough, PC as Settlement Class Counsel.

You will not be charged by these lawyers for their work on this case. If you want to be represented by your own lawyer, you may hire one at your own expense.

### 13. How will the lawyers be paid?

Settlement Class Counsel has undertaken this case on a contingency-fee basis, meaning they have paid for all of the expenses in the case and have not been paid any money in relation to their work on this case. Accordingly, Settlement Class Counsel will ask the Court to award Attorneys’ Fees and Expenses to compensate the attorneys that performed work on behalf of the Settlement Class. The Court will decide the amount of Attorneys’ Fees and Expenses to be paid. You will not have to separately pay any portion of these fees yourself.

Settlement Class Counsel’s request for Attorneys’ Fees, Expenses, and Service Awards (which must be approved by the Court) will be filed by November 10, 2025 and will be available to view on the Settlement website at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com). Settlement Class Counsel will not seek, accept, or be awarded, more than \$5,116,666.67 (five million one hundred sixteen thousand six hundred sixty-six dollars and sixty-seven cents) in Attorneys’ Fees. Settlement Class Counsel will not seek more than the actual costs of Plaintiffs’ counsel incurred in litigating the action, which amount will not exceed \$150,000.00. Additionally, Settlement Class Counsel will seek Service Awards for each of the fifteen (15) Class Representatives of \$2,500.

## EXCLUDING YOURSELF FROM THE SETTLEMENT

### 14. How do I exclude myself from the Settlement?

If you are a **State Action Settlement Class** member (all Massachusetts residents), making your claims against Shields part of the State Action, there is no ability to exclude yourself from the Settlement in the State Action. You may, however, object to the settlement (see next section).

If you are a **Federal Action Settlement Class** member (U.S. residents that are *not* Massachusetts residents), you may exclude yourself from the Settlement (also known as “opting out”). If you exclude yourself, you will lose any right to participate in the Settlement, including any right to receive the benefits outlined in this notice.

If you decide to opt-out, you may keep any rights you have, if any, against Shields, and you may file your own lawsuit against Shields based upon the same legal claims that are asserted in this lawsuit, but you will need to find your own attorney at your own cost to represent you in that lawsuit. If you are considering this option, you may want to consult an attorney to determine your options.

To Opt-Out of the Federal Action Settlement Class you must submit a written request for exclusion, which must be postmarked or electronically submitted no later than **November 25, 2025**, and must include the following:

- (i) The case name of the Federal Action (*In re Shields Health Group, Inc. Data Breach Litigation*, Case No. 1:22-CV-10901-PBS);
- (ii) Your full name and current address;
- (iii) Your personal signature;
- (iv) The words “Request for Exclusion” or “Request for Opt-Out” or a clear and similar statement indicating that you do not want to participate in the Settlement as a member of the Federal Action Settlement Class;

You may only exclude yourself—not any other person.

If you are mailing the request for exclusion, it must be sent to the Settlement Administrator at the address below, and **postmarked no later than November 25, 2025**.

Shields Data Incident Settlement  
ATTN: Exclusion Request  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-2006

If you exclude yourself, you are telling the Federal Court that you do not want to be part of the Settlement. You will not be eligible to receive any Settlement benefits if you exclude yourself.

If you are a State Action Settlement Class member and attempt to exclude yourself from the Settlement in the State Action, your Opt-Out request will be deemed invalid by the Settlement Administrator.

## OBJECTING TO THE SETTLEMENT

### 15. How do I tell the Court that I like or do not like the Settlement Agreement?

If you are a Settlement Class Member and you do not like a portion or all of the Settlement, you can ask the Court to deny approval by submitting an objection. You can't ask the Court to order a different settlement; the Court can only approve or reject the settlement. If the Court denies approval, no settlement payments will be sent out, and the lawsuit will continue. If that is what you want to happen, you should object.

Any objection to the proposed settlement must be in writing and must be postmarked or electronically submitted no later than **November 25, 2025**.

If you submit a timely written objection, you may, but are not required to, appear at the Final Approval Hearing, either in person or through your own attorney. If you appear through your own attorney, you are responsible for hiring and paying that attorney.

All written objections and supporting papers must include:

- (i) The case name and number of the Action:
  - a. If you are a resident of the Commonwealth of Massachusetts: (*Kossifos v. Shields Health Care Group, Inc.*, Case No. 2282-CV-00561")
  - b. If you are a resident of any other U.S. state or territory or the District of Columbia: (*In re Shields Health Group, Inc. Data Breach Litigation*, No. 1:22-CV-10901-PBS");
- (ii) The objector's full name, address, and telephone number and, if represented by counsel, of his/her counsel;
- (iii) A statement of the specific grounds for the objection, including any legal support for the objection known to the objector or their counsel;
- (iv) A list of all expert witnesses (if any) who will be called to testify in support of the objection;

- (v) A statement of whether the objecting Settlement Class Member intends to appear at the Final Approval Hearing, and if so, whether personally or through counsel; and
- (vi) The signature of the objector (or, if represented by counsel, the objector's attorneys' signature).

To be considered by the Court, your written objection must be submitted to the Settlement Administrator, electronically by **November 25, 2025** or mailed, postmarked no later than **November 25, 2025**, at following addresses:

Shields Data Incident Settlement  
ATTN: Objection  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-2006  
ShieldsDataIncident@noticeadministrator.com

All valid and timely objections sent to the Settlement Administrator will be provided to the Court.

**If you do not comply with these procedures and the deadline for objections, you may lose any opportunity to have your objection considered at the Final Approval Hearing or otherwise to contest the approval of the settlement or to appeal from any orders or judgments entered by the Court in connection with the proposed settlement. You will still be eligible to receive settlement benefits if the settlement becomes final even if you object to the settlement.**

## 16. When is the Final Approval hearing and do I have to come to it?

The Court has scheduled a Final Approval Hearing to listen to and consider any concerns or objections from Settlement Class Members regarding the fairness, adequacy, and reasonableness of the terms of the Settlement Agreement.

That Final Approval Hearing is currently scheduled to take place on **December 16, 2025 at 2:00 p.m.** in Courtroom 10 of the Norfolk Superior Court [before the judges in both the Federal Action and the State Action jointly]. This hearing date and time may be moved without notice to the class. Please refer to the Settlement website at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com) for notice of any changes.

You do not have to attend the Final Approval hearing. Settlement Class Counsel will answer any questions the Court may have. You may attend at your own expense if you wish. If you file an objection, you do not have to come to the Final Approval Hearing to talk about it. If you submit your written objection on time, the Court will consider it. You may also pay your own lawyer to attend, but such attendance is not necessary for the Court to consider an objection that was filed on time.

## GETTING MORE INFORMATION

### 17. How do I get more information?

If you have questions about this notice or the Settlement, you may go to the Settlement website at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com) or call 1-855-361-2172. You can also contact the Settlement Administrator at [ShieldsDataIncident@noticeadministrator.com](mailto:ShieldsDataIncident@noticeadministrator.com) or by mailing a letter to Shields Data Incident Settlement, c/o Analytics Consulting LLC, PO Box 2006, Chanhassen, MN 55317-2006, for more information or to request that a copy of this document be sent to you in the mail. You may also seek advice and guidance from your own private lawyer at your own expense if you wish to do so.

This notice is only a summary of the lawsuit and the Settlement. Complete details are provided in the Settlement Agreement. The Settlement Agreement and other related documents can be accessed through the Settlement website. If you have questions about the proposed settlement or wish to receive a copy of the Settlement Agreement but do not have access to the Internet to download a copy online, you may contact the Settlement Administrator.

The Court cannot respond to any questions regarding this notice, the lawsuit, or the proposed Settlement.

***Please do not contact the Court or Clerk of Courts Regarding this Settlement***

# Exhibit B

*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).

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

**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.

**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**

This Claim Form may be submitted electronically via the Settlement Website at [www.ShieldsDataSettlement.com](http://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.**





*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).

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

**PAR CLAIM**

**SETTLEMENT CLAIM FORM**

**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

# Exhibit C

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 28 CHANHASSEN MN

POSTAGE WILL BE PAID BY ADDRESSEE

Shields Data Incident Settlement  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-9800



OR SCAN THIS QR CODE FOR COMPLETE INFORMATION.  
WWW.SHIELDSDATASETTLEMENT.COM  
THIS NOTICE IS ONLY A SUMMARY.

**Why am I receiving this notice?** A settlement has been reached in class action lawsuits concerning a Data Incident that Shields Health Care Group, Inc. ("Shields") discovered on or around March 28, 2022 in which private information of Settlement Class Members was potentially viewed and/or taken. Defendant denies that it did anything wrong, and the Court has not decided who is right. The parties have agreed to settle the lawsuits ("Settlement Agreement") to avoid the risks, disruption, and uncertainties of continued litigation. A copy of the Agreement is available at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).

**Who is included in the Settlement?** You are included in the Settlement Class if you are a U.S. resident and Shields has identified you as All Massachusetts residents are in the State Action Settlement Class, whereas residents of other states are in the Federal Action Settlement Class.

**What are the Settlement benefits?** (1) Settlement Class Members who incurred actual losses or spent time responding to the Data Incident may file claims for Out-of-Pocket Losses, Ordinary Attested Time, Extraordinary Losses, and Extraordinary Attested Time. (2) Settlement Class Members may also choose a \$50 Alternative Cash Payment. The final amount of all cash payments may be larger or smaller than the amount claimed, based on the total number of approved claims.

**How do I receive a benefit?** To claim the Alternative Cash Payment, simply complete the attached Claim Form, tear at perforation, and return by U.S. Mail. Postage is already paid. To submit all other claims, visit [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com) or call 1-855-361-2172. **Claims must be submitted online or postmarked by December 3, 2025.**

**Who represents me?** The Court has appointed Lori G. Feldman of George Feldman McDonald, PLLC, Kelly K. Iverson of Lynch Carpenter LLP, John A. Yanchunis of Morgan & Morgan, Alex Dravillas of Keller Postman and Michael Forrest of Mazow McCullough, PC, to represent you and the Settlement Class ("Settlement Class Counsel").

**What if I don't want to participate in the Settlement?** All Massachusetts residents that are in the State Action Settlement Class will be bound by the Settlement if it is approved by the Norfolk Superior Court. If you want to object to the Settlement, you may submit an objection by **November 25, 2025**. The Settlement Agreement, available on the Settlement website at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com), explains how to object.

**When will the Court decide whether to approve the Settlement?** The Court will hold a hearing in this case on **December 16, 2025 at 2:00 p.m.** to consider whether to approve the Settlement. The Court will also consider Settlement Class Counsel's request for up to \$5,116,666.67 to cover attorneys' fees, unreimbursed expenses, \$2,500 service awards for each Plaintiff, and the costs of administering the Settlement. You may attend the hearings at your own cost, but you do not have to.

JOURNAL CLASSMEMBER  
123 MAIN ST  
APT 1  
ANYTOWN, ST 12345

SHIELDS DATA INCIDENT

Case ID: 111111  
PIN: abc123\$%

Complete this Claim Form, tear at perforation, and return by U.S. Mail no later than **December 3, 2025**.

Only one Claim Form per Class Member.

To submit a claim for documented Out-of-Pocket Losses and/or Ordinary Attested Time up to \$2,500, or for documented Extraordinary Losses and/or Extraordinary Attested Time up to \$25,000, please visit [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).

To submit a claim for the Alternative Cash Payment, you may complete and return this postage pre-paid postcard or visit the Settlement website at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).

Check this box if you would like to receive the \$50.00 Alternative Cash Payment

How would you like to be paid?:

Check one:  PayPal  Venmo  Zelle  Virtual Prepaid Card  Check (sent to above address)

The email address or mobile number associated with your PayPal, Venmo, or Zelle account (**required**), or to which to send a virtual prepaid card: \_\_\_\_\_

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

**You must notify the Settlement Administrator if your contact information is different from what is shown above, or changes after you submit this form.**

ABC1234567890



Postcard Back Content:  
Shields Data Incident Settlement  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-2006  
ABC1234567890  
JOHN Q CLASSMEMBER  
123 MAIN ST  
ANYTOWN, ST 12345  
Login ID: 1111111 - PIN: aib@c#dd\$



*Kossifos v. Shields Health Care Group, Inc. No. 2282-cv-00561 (Norfolk County),  
consol. 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)*  
You were identified by Shields  
Health Care Group, Inc. as  
having Personal Information  
potentially impacted by a  
Data Incident. A class action  
settlement may affect your  
rights and you may be entitled  
to receive a cash payment.  
A court authorized this Notice.  
This is not a solicitation from a lawyer.  
For complete information  
about the Settlement, including how to  
submit a Claim Form, or  
Object to the Settlement, visit  
[www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com)  
or call toll-free 1-855-361-2172.

# Exhibit D

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 28 CHANHASSEN MN

POSTAGE WILL BE PAID BY ADDRESSEE

Shields Data Incident Settlement  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-9800



OR SCAN THIS QR CODE FOR COMPLETE INFORMATION.  
VISIT [WWW.SHIELDSDATASETTLEMENT.COM](http://WWW.SHIELDSDATASETTLEMENT.COM)  
THIS NOTICE IS ONLY A SUMMARY.

**Why am I receiving this notice?** A settlement has been reached in class action lawsuits concerning a Data Incident that Shields Health Care Group, Inc. ("Shields") discovered on or around March 28, 2022 in which private information of Settlement Class Members was potentially viewed and/or taken. Defendant denies that it did anything wrong, and the Court has not decided who is right. The parties have agreed to settle the lawsuits ("Settlement Agreement") to avoid the risks, disruption, and uncertainties of continued litigation. A copy of the Agreement is available at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).

**Who is included in the Settlement?** You are included in the Settlement Class if you are a U.S. resident and Shields has identified you as All Massachusetts residents are in the State Action Settlement Class, whereas residents of other states are in the Federal Action Settlement Class.

**What are the Settlement benefits?** (1) Settlement Class Members who incurred actual losses or spent time responding to the Data Incident may file claims for Out-of-Pocket Losses, Ordinary Attested Time, Extraordinary Losses, and Extraordinary Attested Time. (2) Settlement Class Members may also choose a \$50 Alternative Cash Payment. The final amount of all cash payments may be larger or smaller than the amount claimed, based on the total number of approved claims.

**How do I receive a benefit?** To claim the Alternative Cash Payment, simply complete the attached Claim Form, tear at perforation, and return by U.S. Mail. Postage is already paid. To submit all other claims, visit [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com) or call 1-855-361-2172. **Claims must be submitted online or postmarked by December 3, 2025.**

**Who represents me?** The Court has appointed Lori G. Feldman of George Feldman McDonald, PLLC, Kelly K. Iverson of Lynch Carpenter LLP, John A. Vanchurns of Morgan & Morgan, Alex Dravillas of Keller Postman and Michael Forrest of Mazow McCullough, PC, to represent you and the Settlement Class ("Settlement Class Counsel").

**What if I don't want to participate in the Settlement?** If you are in the Federal Action Settlement Class and do not want to be legally bound by the Settlement, you must exclude yourself by **November 25, 2025** or you will not be able to sue Shields for the claims made in these lawsuits. If you exclude yourself, you cannot get benefits from this Settlement. If you want to object to the Settlement, you may submit an objection by **November 25, 2025**. The Settlement Agreement, available on the Settlement website at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com), explains how to exclude yourself or object.

**When will the Court decide whether to approve the Settlement?** The Court will hold a hearing in this case on **December 16, 2025 at 2:00 p.m.** attorneys' fees, unreimbursed expenses, \$2,500 service awards for each Plaintiff, and the costs of administering the Settlement. You may attend the hearings at your own cost, but you do not have to.

JOHN Q CLASSMEMBER  
123 MAIN ST  
APT 1  
ANYTOWN, ST 12345

SHIELDS DATA INCIDENT

Tag ID: 311011  
PIN: abc123\$%

Complete this Claim Form, tear at perforation, and return by U.S. Mail no later than **December 3, 2025**.

Only one Claim Form per Class Member.

To submit a claim for documented Out-of-Pocket Losses and/or Ordinary Attested Time up to \$2,500, or for documented Extraordinary Losses and/or Extraordinary Attested Time up to \$25,000, please visit [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).

To submit a claim for the Alternative Cash Payment, you may complete and return this postage pre-paid postcard or visit the Settlement website at [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com).

Check this box if you would like to receive the \$50.00 Alternative Cash Payment

How would you like to be paid?:

Check one:  PayPal  Venmo  Zelle  Virtual Prepaid Card  Check (sent to above address)

The email address or mobile number associated with your PayPal, Venmo, or Zelle account (**required**),

or to which to send a virtual prepaid card: \_\_\_\_\_

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 \_\_\_\_\_

**You must notify the Settlement Administrator if your contact information is different from what is shown above, or changes after you submit this form.**

ABC1234567890



JOHN Q CLASSMEMBER  
123 MAIN ST  
ANYTOWN, ST 12345  
ABC1234567890  
Login ID: 1111111 - PIN: aib@#d\$d  
Postal Service: Please Do Not Mark Barcode



Shields Data Incident Settlement  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhasen, MN 55317-2006

*In Re Shields Health Group, Inc.  
Data Breach Litigation,  
Case No. 1:22-cv-10901-PBS (D. Mass.)*  
You were identified by Shields Health Care Group, Inc. as having Personal Information potentially impacted by a Data Incident. A class action settlement may affect your rights and you may be entitled to receive a cash payment.  
A court authorized this Notice. This is not a solicitation from a lawyer.  
For complete information about the Settlement, including how to submit a Claim Form, Exclude Yourself from the Settlement, or Object to the Settlement, visit [www.ShieldsDataSettlement.com](http://www.ShieldsDataSettlement.com) or call toll-free 1-855-361-2172.

# Exhibit E

Janet Choi

[REDACTED]  
Northbrook, IL [REDACTED]  
[REDACTED]

November 18, 2025

Shields Data Incident Settlement  
ATTN: Exclusion Request  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-2006

Dear Settlement Administrator,

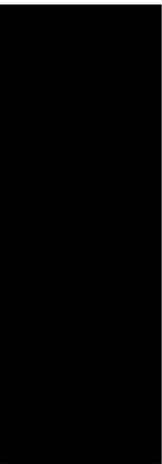
I would like to exclude myself from the settlement referenced below (i.e., Request for Exclusion). I do not want to participate in the Settlement as a member of the Federal Action Settlement Class.

- (i) Case name and number of the Action: Shields Health Group, Inc. Data Breach Litigation, Case No. 1:22-CV-10901-PBS
- (ii) Name and address of the individual seeking exclusion from the Settlement:  
Janet Choi  
[REDACTED]  
Northbrook, IL [REDACTED]

Thank you for your attention to this matter.

Janet Choi

Janet Choi Signature  
[REDACTED]



CAROL STREAM IL 601  
20 NOV 2025 PM 6 L



Shield's Data Incident Settlement  
ATTN: Exclusion request  
c/o Analytics Consulting LLC  
PO Box 2006  
Chanhassen, MN 55317-2006

55317-200606



**Stephen Hyle**  
[REDACTED]  
**Campton, NH** [REDACTED]

**October 11, 2025**

**Shields Data Incident Settlement**  
**ATTN: Exclusion Request**  
**c/o Analytics Consulting LLC**  
**P.O. Box 2006**  
**Chanhasen, MN 55317-2006**

**Re: Request for Exclusion *In re Shields Health Group, Data Breach Litigation*, Case No. 1:22-CV-10901-PBS**

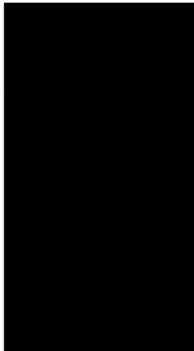
To Whom It May Concern:

I am writing to request my exclusion (also known as "opting-out") from the above referenced Shields Data Incident Settlement as a member of the Federal Action Settlement Class.

Thank you for your attention to this matter.

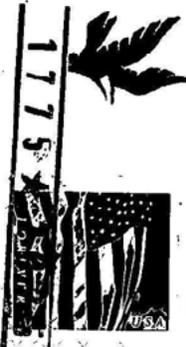
Respectfully,

**Stephen**  
**Hyle**  
**Signature**  
Stephen Hyle



MANCHESTER NH 030

14 OCT 2025 AM 2 L



Shields Data Incident Settlement  
ATTN: Exclusion Request  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-2006

55317-200606



To: Shields Data Incident Settlement

11/1/2025

In RE Shields Health Group, Inc

Data Breach Litigation.

Case No. 1:22-10901-PBS (D. Mass.)

My Name is Laura Hackett and I recently received your postcard with your hope that I will take a settlement. You guys are a real piece of work. Pay all kinds of money for health insurance signing waivers so you can keep everyone medical records safe then totally do not do your job. My address is [REDACTED] North Grosvenordale, Ct. [REDACTED] I request to be excluded in the event they use my data two years from now or 5 or ten years because of your incapacity to do your job. Thanks for nothing.

Laura Hackett Signature

A large black rectangular redaction box covering the signature of Laura Hackett.

Laura Hackett

November 1, 2025



HARTFORD CT 060

8 NOV 2025 PM 7 L



Shields Data Incident Settlement

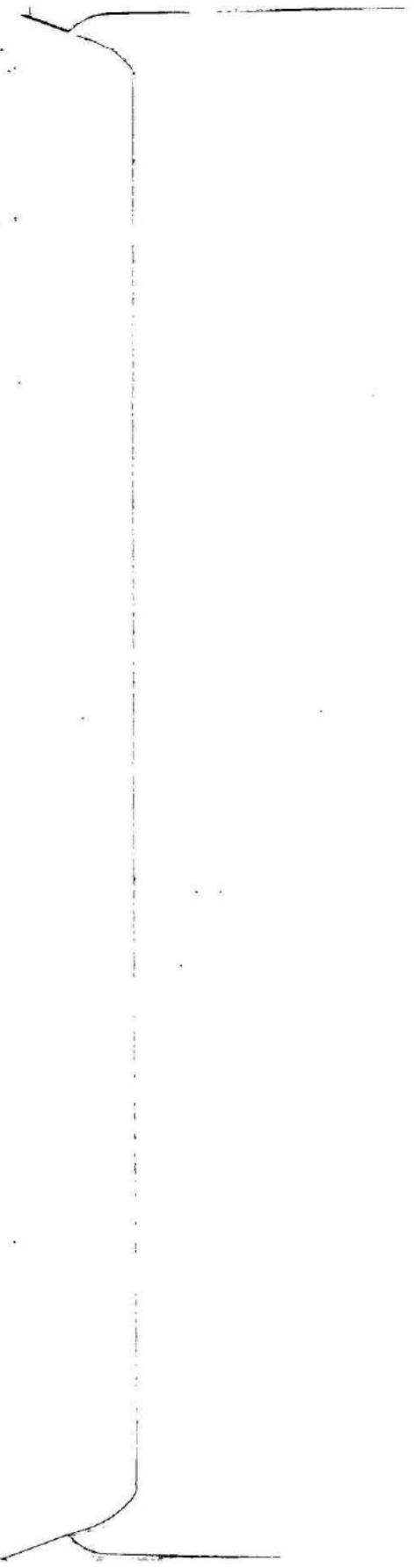
ATTN: Exclusion Request

elo Analytics Consulting, LLC.

P.O. Box 2006

Charlottesville, Va. 553 117-2006

55317-200606



10/27/2025

To Whom it May Concern,

I'd like to formally Request for Opt-Out / Request exclusion in the Federal Action *re Shields Health Group, Data Breach Litigation*, Case No. 1:22-CV-10901-PBS. I **do not** want to participate in the Settlement as a member of the Federal Action Settlement Class.

---

Catherine D. Bouthillier

[REDACTED]

Danielson CT

[REDACTED]

Sincerely,

Catherine D. Bouthillier Signature

[REDACTED]

Catherine D. Bouthillier

---

**Analytics**

**#671562**

**Ticket Details**

Status	Priority	Source	Type
Open	Low	Email	
Agent	Product	Claim Number	
Brad Peterson	Private Sector Cases		

by **Bouthillier, Catherine** on **Mon, 27 Oct at 7:37 PM** via **Email**

**Exclusion Notification - Shields Health Group, Data Breach Litigation, Case No. 1:22-CV-10901-PBS**

Hello,

Please find attached.

Is there any additional information you need from me?

Begin forwarded message:

**From:** scanner@wpi.edu  
**Date:** October 27, 2025 at 6:03:09 PM EDT  
**To:** "Bouthillier, Catherine" [REDACTED]  
**Subject:** Message from "50p3602-mfp1"

*This E-mail was sent from "50p3602-mfp1" (IM C2500).*

Scan Date: 10.27.2025 18:50:07 (-0400)  
 Queries to: scanner@wpi.edu

[Empty box]

October 25, 2025

To:

Shields Data Incident Settlement

ATTN: Exclusion Request

c/o Analytics Consulting LLC

P.O. Box 2006

Chanhassen, MN 55317-2006

From:

Jesse Edwards

[REDACTED]

Cumberland, ME [REDACTED]

Subject: REQUEST FOR EXCLUSION — In re Shields Health Group, Data Breach Litigation,  
Case No. 1:22-CV-10901-PBS

Dear Sir or Ma'am,

I respectfully request to be excluded from participating in the Settlement as a member of the Federal Action Settlement Class in this case.

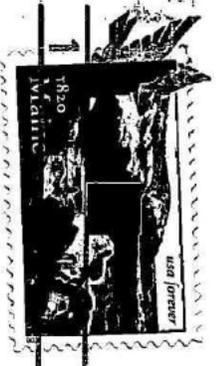
[REDACTED]  
Jesse Edwards Signature

Jesse Edwards



SO. MAINE P&DC 041

29 OCT 2025 PM 3 L



Shields Data Insider Settlement  
ATTN: Exclusion Request  
c/o Analytics Consulting LLC  
P.O. Box 2006  
Chenhausen, MN 55307-2006

55317-200606



11 1 07 09 1 000000 041 0000 001 1



To Whom It May Concern,

I am writing to request exclusion from the Shields Data Breach Settlement (Case No. Case No. 1:22-CV-10901-PBS, District of Massachusetts).

Please consider this my formal request to be excluded from the settlement. I understand that by doing so, I will not receive any settlement benefits, but I will retain my right to pursue separate legal claims regarding this matter.

My information is as follows:

- Full Name: Zachary Zdimal
- Address: [REDACTED], Austin, TX, [REDACTED]
- Email Address: [REDACTED]
- Phone Number: [REDACTED]
- Login ID: [REDACTED]

Please confirm receipt of this request. Thank you for your attention.

Sincerely,

Zach Zdimal

Zachary Zdimal Signature

10/28/2025

---

**Analytics**

**#671453**

---

**Ticket Details**

<b>Status</b>	<b>Priority</b>	<b>Source</b>	<b>Type</b>
Open	Low	Email	
<b>Agent</b>	<b>Product</b>	<b>Claim Number</b>	
Brad Peterson	Private Sector Cases		

---

by **Zach Zdimal** on **Mon, 27 Oct at 9:32 AM** via **Email**

**Shields Data Incident Decision**

To Whom It May Concern,

I am writing to request exclusion from the Shields Data Breach Settlement (Case No. Case No. 1:22-CV-10901-PBS, District of Massachusetts).

Please consider this my formal request to be excluded from the settlement. I understand that by doing so, I will not receive any settlement benefits, but I will retain my right to pursue separate legal claims regarding this matter.

My information is as follows:

Full Name: Zachary Zdimal

Address: [REDACTED] Austin, TX [REDACTED]

Email Address: [REDACTED]

Phone Number: [REDACTED]

Login ID: [REDACTED]

Please confirm receipt of this request. Thank you for your attention.

Sincerely,

Zach Zdimal

---

**Comments**

by **Erin Kramer** on **Mon, 27 Oct at 9:37 AM** as **Outbound email**

Thank you for your email,

# Exhibit F



SHC00DD7FD939

October 21, 2025

Shields Data Incident Settlement  
C/o Analytics Consulting LLC  
P.O. Box 2006  
Chanhassen, MN 55317-2006

To whom it may concern,

I respectfully "REQUEST FOR EXCLUSION" from the following named action :

In Re Shields Data Incident Settlement, Kossifos v. Shields Health Care Group, Inc., No. 2282-cv-00561  
(Norfolk County), consol, with Johnson v. Shields Health Care Group, No. 2277-cv-00839 (Essex County)  
and Biscan v. Shields Health Care Group, Inc. 2382-cv-0023 (Norfolk County)

Respectfully yours,

**Bruce D. Ouellette Signature**

Bruce D. Ouellette

Rochester Massachusetts

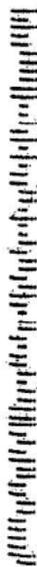


Shields Data Incident Settlement  
C/o Analytics Consulting LLC  
P.O. Box 2006

Chanhassen, MN

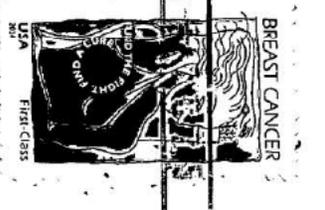
55317-2006

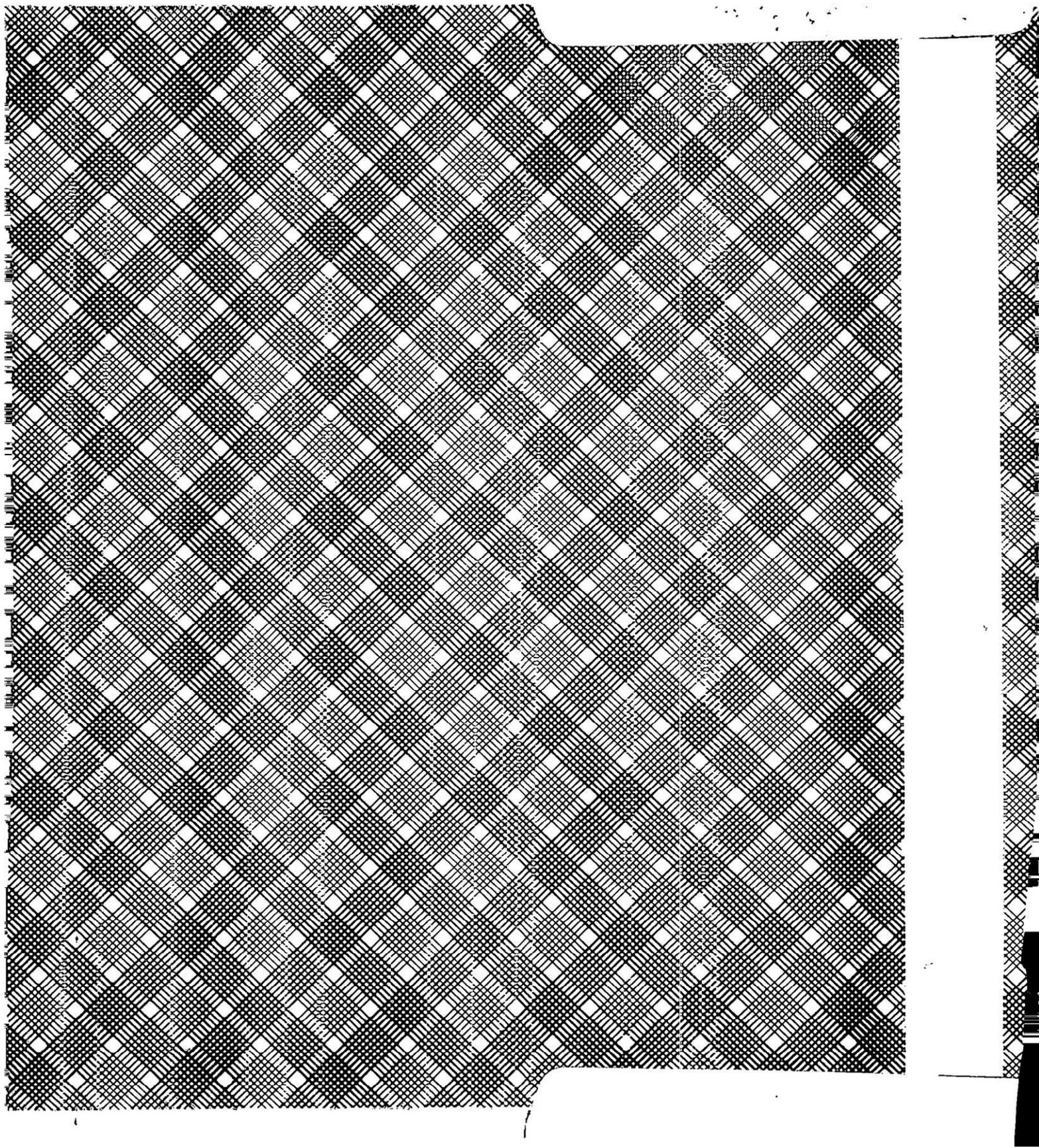
55317-200606



24 OCT 2025 PM 2 1

4 7 8 5





# Exhibit G

October 12, 2025

Hon. Judge Patti B. Saris,  
US District Court of Massachusetts  
John J. Mahoney Courthouse  
1 Courthouse Way  
Boston, MA 02210

FILED  
IN CLERKS OFFICE  
2025 OCT 20 PM 12: 55  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

RE: Case No. 1:22-cv-10901-PBS. Shields  
Health Group, Inc. Data Breach Litigation

Hon. Judge Harris,

As an injured party in this case, I wanted to express my opposition to the requested Counsel Settlement for up to \$5,116,666.67. This amount includes \$2,500 each for the four Plaintiffs: (Amanda Johnson, Christine Cambria, Courtney Horgan and Kenneth Vandam) for a total of \$ \$10,000.

The proposed Counsel Fee is, therefore, \$5,106,666.67 or 33.27% of the case settlement. As a minimum, this amount includes "Unreimbursed Expenses" which, regardless of the amount, should be pass-through amounts and not backed into what appears to be a flat 33% of the case settlement.

On the other hand, the individual Class Action members (approximately 2,382,5780) will receive \$4.29 or 0.000000279%.

Although, I do understand that attorneys have to be paid, the disparity is huge and not very fair to the individual injured parties who would receive less than scraps.

I am writing to ask that you please bring some sanity and credibility to these numbers and to the entire class action suit process. A process in which everyone is well compensated in the settlement except the vast majority of the injured parties.

Best Regards

Joseph Pedulla  
12 Hanks Way  
Falmouth, MA 02536-4850

# Exhibit H

**Analytics**

**#679279**

**Ticket Details**

Status	Priority	Source	Type
Open	Low	Email	
Agent	Product	Claim Number	
Brad Peterson	Private Sector Cases		

by **Brenna Robeson** on **Wed, 3 Dec at 7:51 PM** via **Email**

**Shields Data Incident Objection to Settlement**

Hello,

I am a class member of the Shields Data Incident-related lawsuits, residing in Massachusetts. I wish to provide comment, however I was only notified of this settlement via a small postcard on November 26, 2025. This is after the deadline for objecting to the settlement. I would like the court to be aware of this.

I would also like my specific objections shared with the court.

*The case name and number of the Action:*

*Kossifos Shields Health Care Group, Inc., Case No. 2282-CV-00561*

*The objector's full name, address, and telephone number and, if represented by counsel, of his/her counsel:*

*Brenna Robeson, [REDACTED] Medford, MA [REDACTED] represented pro se*

*A statement of the specific grounds for the objection, including any legal support for the objection known to the objector or their counsel:*

*I find the settlement relief proposed inadequate to compensate victims of the settlement, and request it be rejected. Having personal health information, and related personal identifying information, including my Social Security Number, compromised through this settlement will impact me for the rest of my life. Shields, if it held the health care information of over 2.38 million people, clearly should have had better security procedures in place. I also object to the servicing of this settlement by Analytics Consulting or whoever is responsible for communicating with class members. Receiving a postcard a week before I need to submit claim information is completely inadequate to class members, during a holiday week no less. This seems almost intentional.*

*A list of all expert witnesses (if any) who will be called to testify in support of the objection:*

*n/a*

*A statement of whether the objecting Settlement Class Member intends to appear at the Final Approval Hearing, and if so, whether personally or through counsel:*

*n/a*

*The signature of the objector (or, if represented by counsel, the objector's attorneys' signature):  
Brenna Robeson, signed electronically*

Please confirm receipt and your course of action.

Thank you,

Brenna Robeson

---

## Comments

by **Erin Kramer** on **Thu, 4 Dec at 10:00 AM** as **Outbound email**

Thank you for your email,

Your comments have been received and will be relayed to the relevant parties.

If you wish to submit a claim, you may download a claim form from the case website at [https://shieldsdatasettlement.com/wp-content/uploads/2025/09/Shields\\_ClaimForm.pdf](https://shieldsdatasettlement.com/wp-content/uploads/2025/09/Shields_ClaimForm.pdf) to complete by hand and submit by email to this email address.

Sincerely,

Office of the Claims Administrator

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# Exhibit I



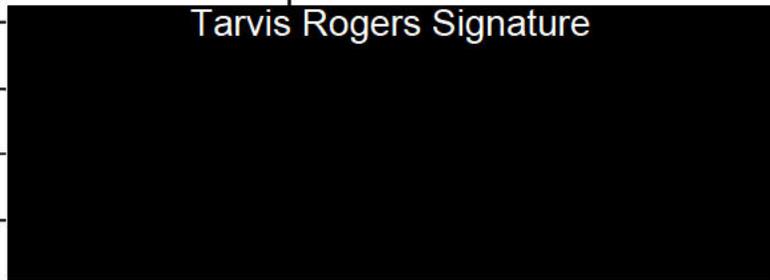
SHC00DA3BCA76

I just feel like your  
guys are dig me totally  
wrong, My credit has  
been destroyed by your  
leak - breach of Data

I feel you should be  
guy over 2500<sup>ce</sup>  
not to settle for  
50.00

Please re-consider  
✓  
re-configure the §  
I never heard in other  
States / cant cases have  
been suited

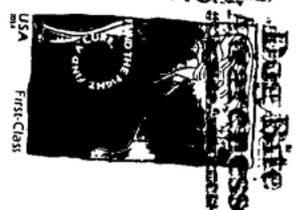
Tarvis Rogers Signature





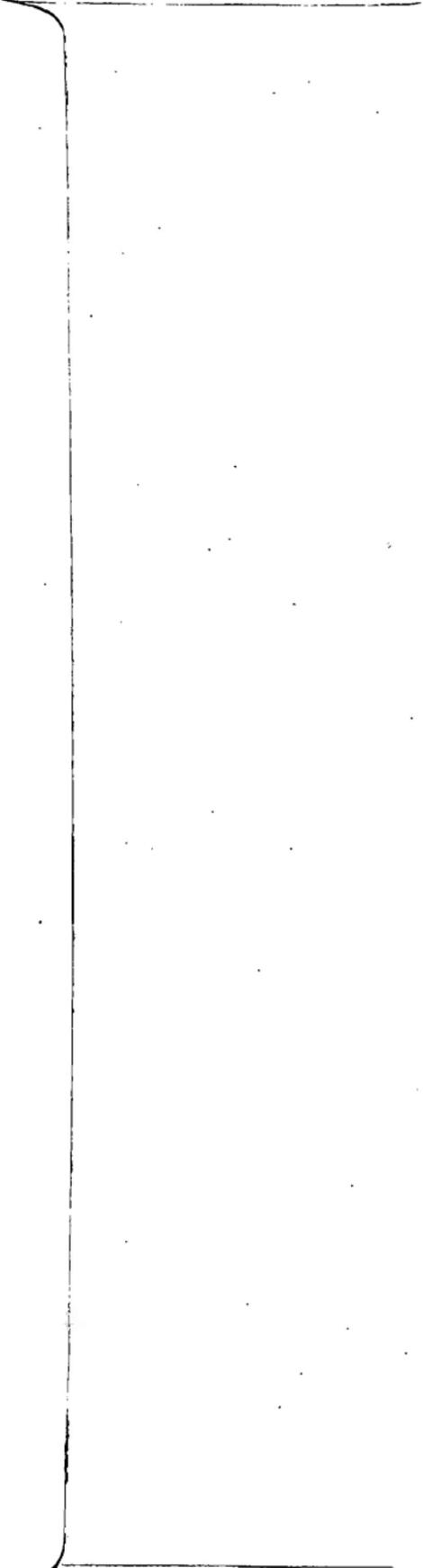


BOSTON MA 020  
16 OCT 2025 PM 7 L



Shields Desk Incident Settlement  
of Analytics Consults LLC  
P.O. Box 206

~~Chancellor~~ ~~of~~ ~~the~~ ~~Massachusetts~~ Superior Court  
Boston, MA  
10/16/2025  
10:00 AM  
10/16/2025  
10:00 AM





# Exhibit J

## EXECUTIVE SUMMARY

**Claimant: Richard Butler**

[REDACTED] Kings Mountain, NC [REDACTED]  
[REDACTED] [REDACTED]

Date: October 26, 2025

**DEMAND:**

[REDACTED]

**DOCUMENTED LOSSES:**

- [REDACTED]
- [REDACTED]
- [REDACTED]

**TOTALS:**

[REDACTED]

→ Total documented [REDACTED]

Signature [REDACTED] Richard Butler Signature

Date October 27th 2025

Richard Butler • [REDACTED] Kings Mountain, NC [REDACTED]

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).

Butler PAR CLAIM

SETTLEMENT CLAIM FORM

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.

Richard Butler
First Name Last Name

[Redacted]
Street Address

Kings Mountain NC [Redacted]
City State Zip Code

[Redacted] [Redacted]
Email Address Telephone Number

[Redacted]
Login ID, if known

II. ORDINARY OUT-OF-POCKET LOSSES

X 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.



**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).

**Butler**  
PAR CLAIM

**SETTLEMENT CLAIM FORM**

**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
[REDACTED]	[REDACTED]
<b>TOTAL AMOUNT CLAIMED:</b>	[REDACTED]

**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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).

Butler PAR CLAIM

SETTLEMENT CLAIM FORM

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:
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.

Richard Butler Signature

Richard Butler Printed Name

10.27.2025 Date Signed

KOSSIFOS v. SHIELDS HEALTH CARE GROUP, INC., No. 2282-CV-00561 (Mass. Super. Ct.) IN RE SHIELDS HEALTH GROUP, INC. DATA BREACH LITIGATION, No. 1:22-cv-10901-PBS (D. Mass.) Final Approval Hearing: December 16, 2025 at 2:00 p.m. —  
Norfolk Superior Court • Objection Deadline: November 25, 2025 • Claims Deadline: December 3, 2025

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## STATEMENT OF CLAIM

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Submitted to Settlement Administrator: Analytics Consulting, LLC

Claimant: Richard Butler

[REDACTED] Kings Mountain, NC [REDACTED]  
[REDACTED] • [REDACTED]

Date: October 26, 2025

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### INTRODUCTION AND RELIEF REQUESTED

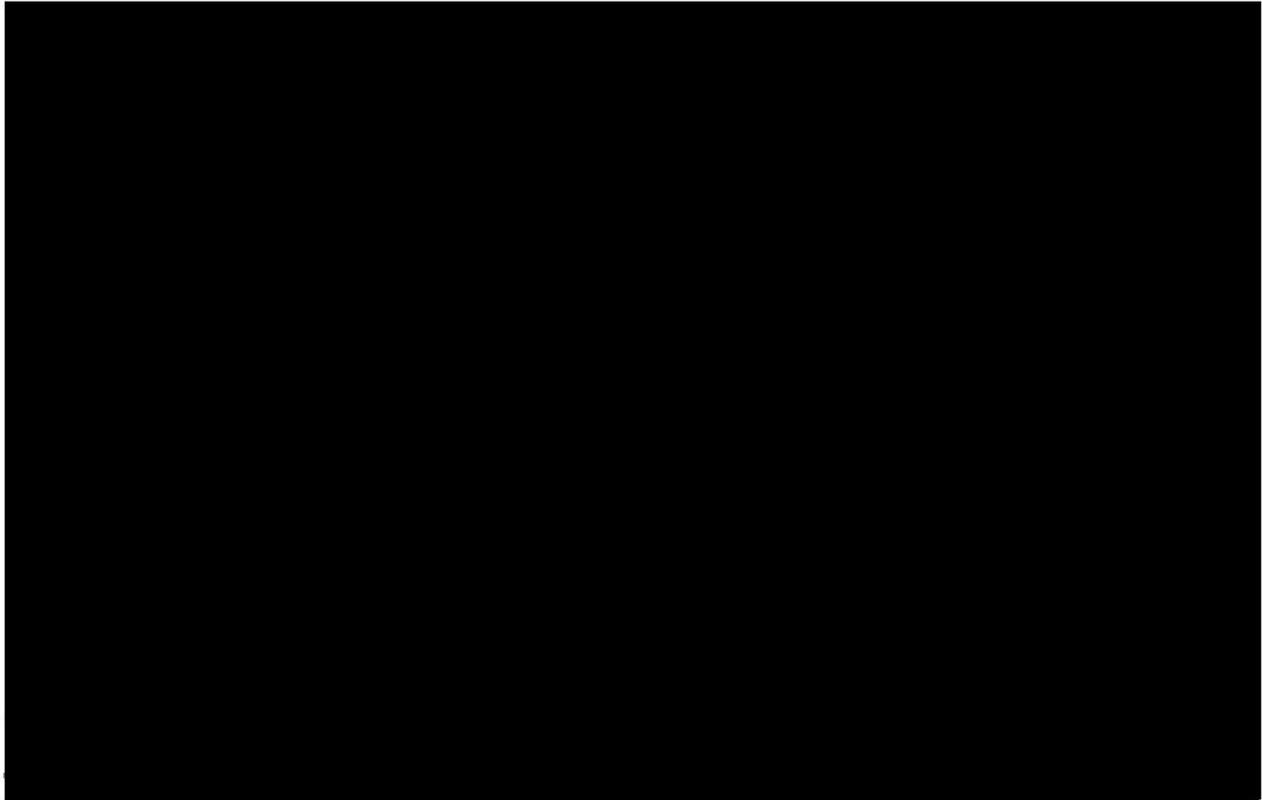
I respectfully demand payment of [REDACTED] dollars permitted to an individual Settlement Class Member. [REDACTED]

[REDACTED]

[REDACTED]

Richard Butler • [REDACTED] Kings Mountain, NC [REDACTED]

KOSSIFOS v. SHIELDS HEALTH CARE GROUP, INC., No. 2282-CV-00561 (Mass. Super. Ct.) IN RE SHIELDS HEALTH GROUP, INC. DATA BREACH LITIGATION, No. 1:22-cv-10901-PBS (D. Mass.) Final Approval Hearing: December 16, 2025 at 2:00 p.m. —  
Norfolk Superior Court • Objection Deadline: November 25, 2025 • Claims Deadline: December 3, 2025



*I declare under penalty of perjury that the foregoing is true and correct.*

Richard Butler Signature

*October 27th 2025*

Richard Butler

Date

Richard Butler • [Redacted] Kings Mountain, NC [Redacted]

KOSSIFOS v. SHIELDS HEALTH CARE GROUP, INC., No. 2282-CV-00561 (Mass. Super. Ct.) IN RE SHIELDS HEALTH GROUP, INC. DATA BREACH LITIGATION, No. 1:22-cv-10901-PBS (D. Mass.) Final Approval Hearing: December 16, 2025 at 2:00 p.m. —  
Norfolk Superior Court • Objection Deadline: November 25, 2025 • Claims Deadline: December 3, 2025

**CLAIM EXPENSE SUMMARY**

CAT	Description	Time	Amount
[REDACTED]			

Richard Butler Signature

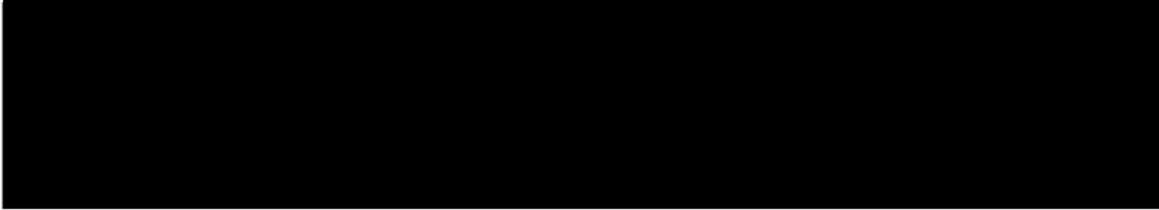
Richard Butler • [REDACTED] Kings Mountain, NC [REDACTED]

KOSSIFOS v. SHIELDS HEALTH CARE GROUP, INC., No. 2282-CV-00561 (Mass. Super. Ct.) IN RE SHIELDS HEALTH GROUP, INC. DATA BREACH LITIGATION, No. 1:22-cv-10901-PBS (D. Mass.) Final Approval Hearing: December 16, 2025 at 2:00 p.m. —  
Norfolk Superior Court • Objection Deadline: November 25, 2025 • Claims Deadline: December 3, 2025

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## EXHIBIT INDEX

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**Exhibit D:** Shields notice confirming class membership.



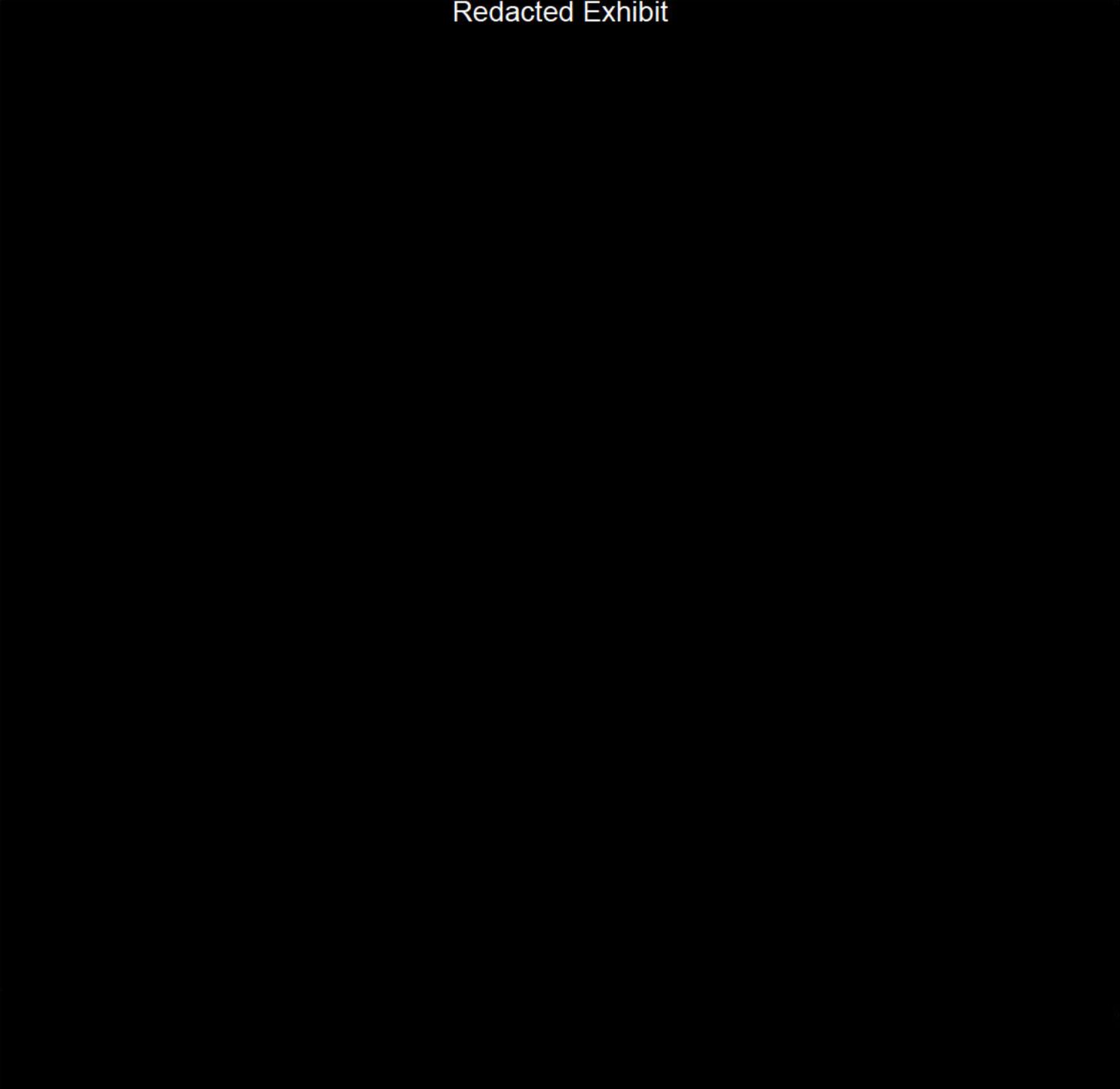
**Exhibit K:** Conditional Objection and Request for Relief (filed conditionally; § 1746).

Richard Butler Signature

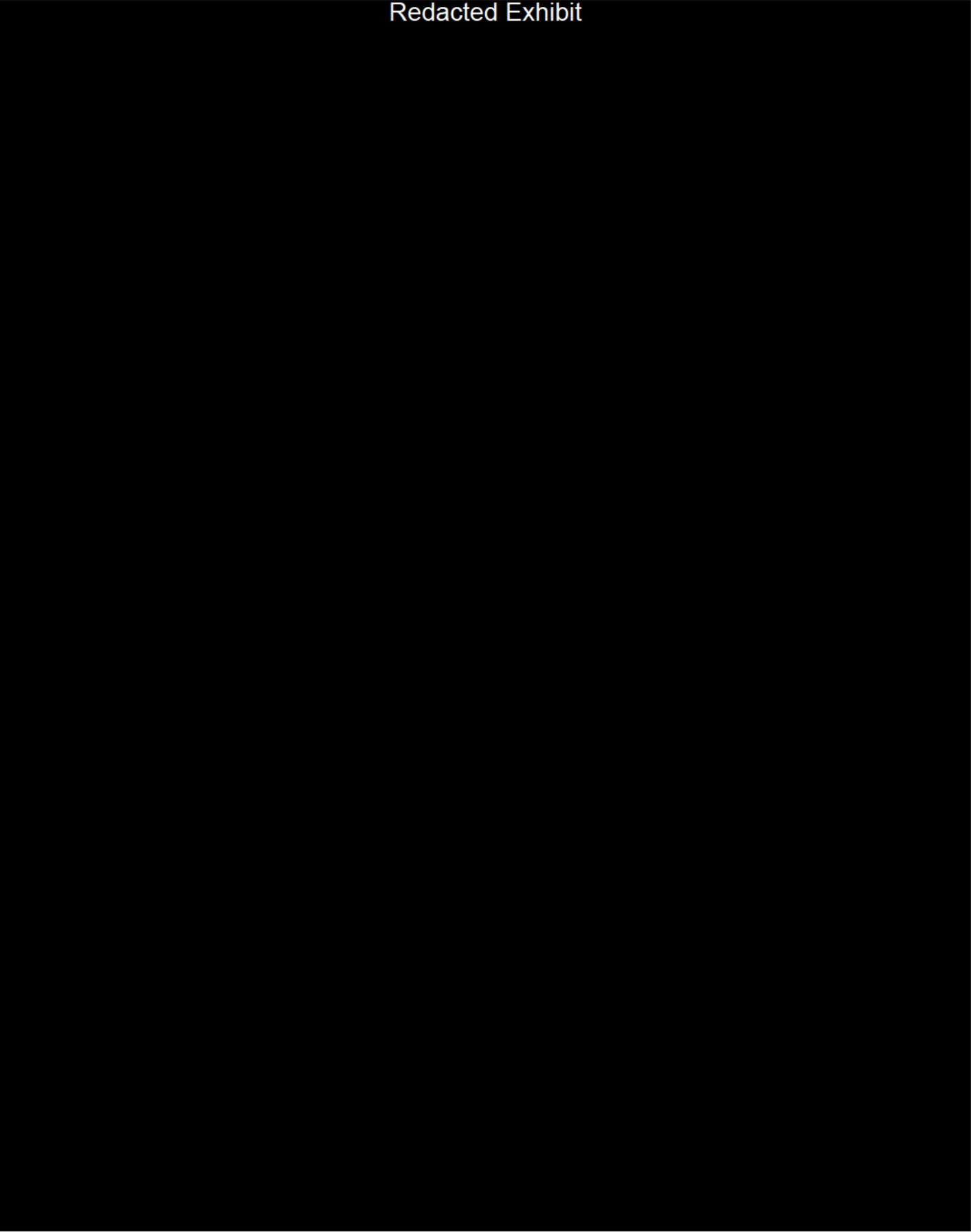
A black rectangular redaction box covering the signature of Richard Butler.

Richard Butler •  Kings Mountain, NC 

Redacted Exhibit



Redacted Exhibit



SEND TO ATTORNEY



Richard Butler

[REDACTED]

Kings Mountain, NC [REDACTED]

|||||

July 22, 2022

**Notice of Security Incident**

Dear Richard Butler

Shields Health Care Group, Inc. ("Shields") is providing notice of a data security event that may have involved individuals' information. Shields provides management and imaging services on behalf of the health care facilities ("Facility Partners") listed below. With the assistance of third-party forensic specialists, Shields took immediate steps to contain the incident and to investigate the nature and scope of the incident. Shields is issuing this notice on behalf of itself and the Facility Partners to communicate information about the incident, our response, and steps impacted individuals can take, if deemed appropriate.

**What Happened?** On March 28, 2022, Shields was alerted to suspicious activity that may have involved data compromise. Shields immediately launched an investigation into this issue and worked with subject matter specialists to determine the full nature and scope of the event.

This investigation determined that an unknown actor gained access to certain Shields systems from March 7, 2022 to March 21, 2022. Furthermore, the investigation revealed that certain data was acquired by the unknown actor within that time frame.

Shields worked with specialists to perform a comprehensive review of the potentially affected data to determine what individual personal information may have been involved, and began notifying individuals and regulators last year. Shields continued to review the potentially impacted information and recently completed this review. Additional notices were mailed beginning April 19, 2023.

**What Information Was Involved?** The type of information that was or may have been impacted could include one or more of the following: full name, Social Security number, driver's license number, date of birth, home address, provider information, diagnosis, billing information, insurance number and information, medical record number, patient ID, and other medical or treatment information.

**What Are We Doing?** We take this incident, and the security of information held on our systems, very seriously. Upon discovery, we immediately activated our incident response protocols, notified law enforcement, and launched an investigation to confirm the nature of the activity and the scope of potentially impacted data. We also rebuilt certain systems on our network. While we have safeguards in place to protect our data, we are working to review and enhance these protections as part of our ongoing commitment to data security. We are also offering you free identity monitoring services for twenty-four (24) months through Kroll.

**What You Can Do.** We encourage you to remain vigilant against incidents of identity theft and fraud by reviewing your account statements and monitoring your credit reports for suspicious activity or errors. You may also review the information contained in the attached "Steps You Can Take to Help Protect Your Personal Information." There you will also find more information on the identity monitoring services we are making available to you. While Shields will cover the cost of these services, you will need to complete the activation process. Additional information describing your services is included with this letter.

**For More Information.** If you have additional questions, please call our dedicated assistance line at 855-503-3386, Monday through Friday, 9:00 am to 6:30 pm Eastern Time (except U.S. holidays). You may also write to Shields at Crown Colony Park, 700 Congress Street, Suite 204, Quincy, MA 02169.

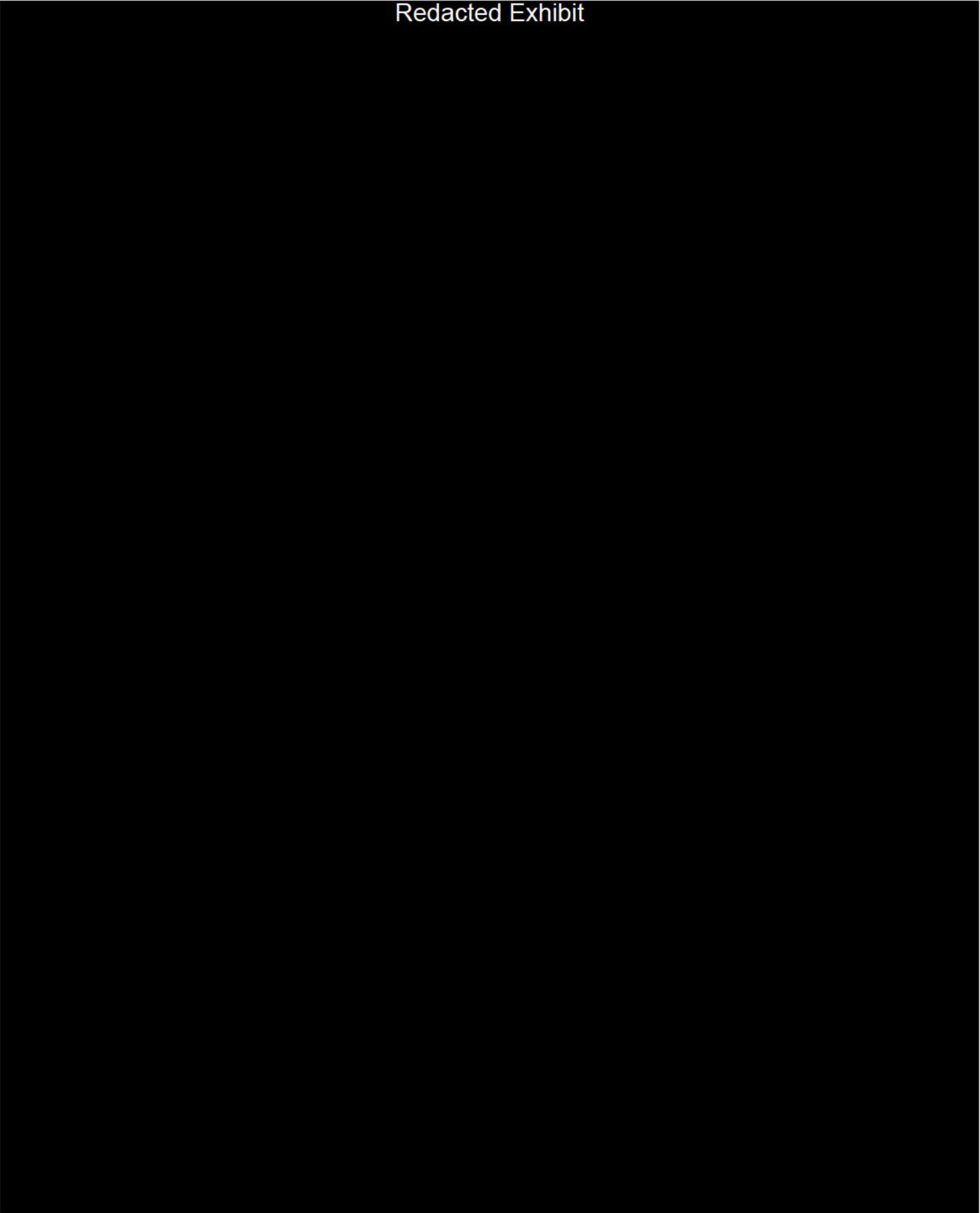
We apologize for any inconvenience or concern this event may cause.

Sincerely,

**Peter Ferarri**  
**Signature**

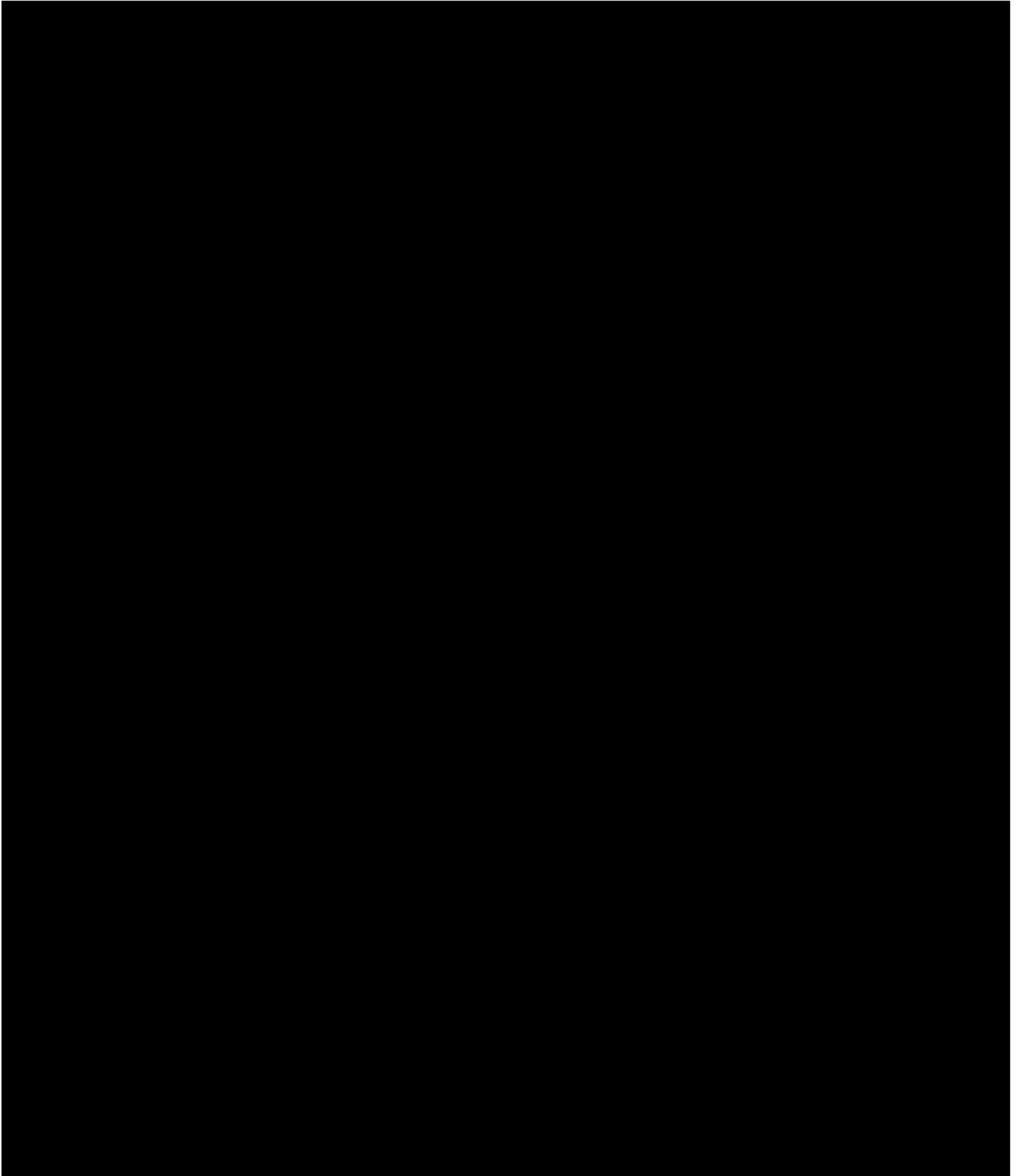
Peter Ferrari  
President  
Shields Health Care Group, Inc.

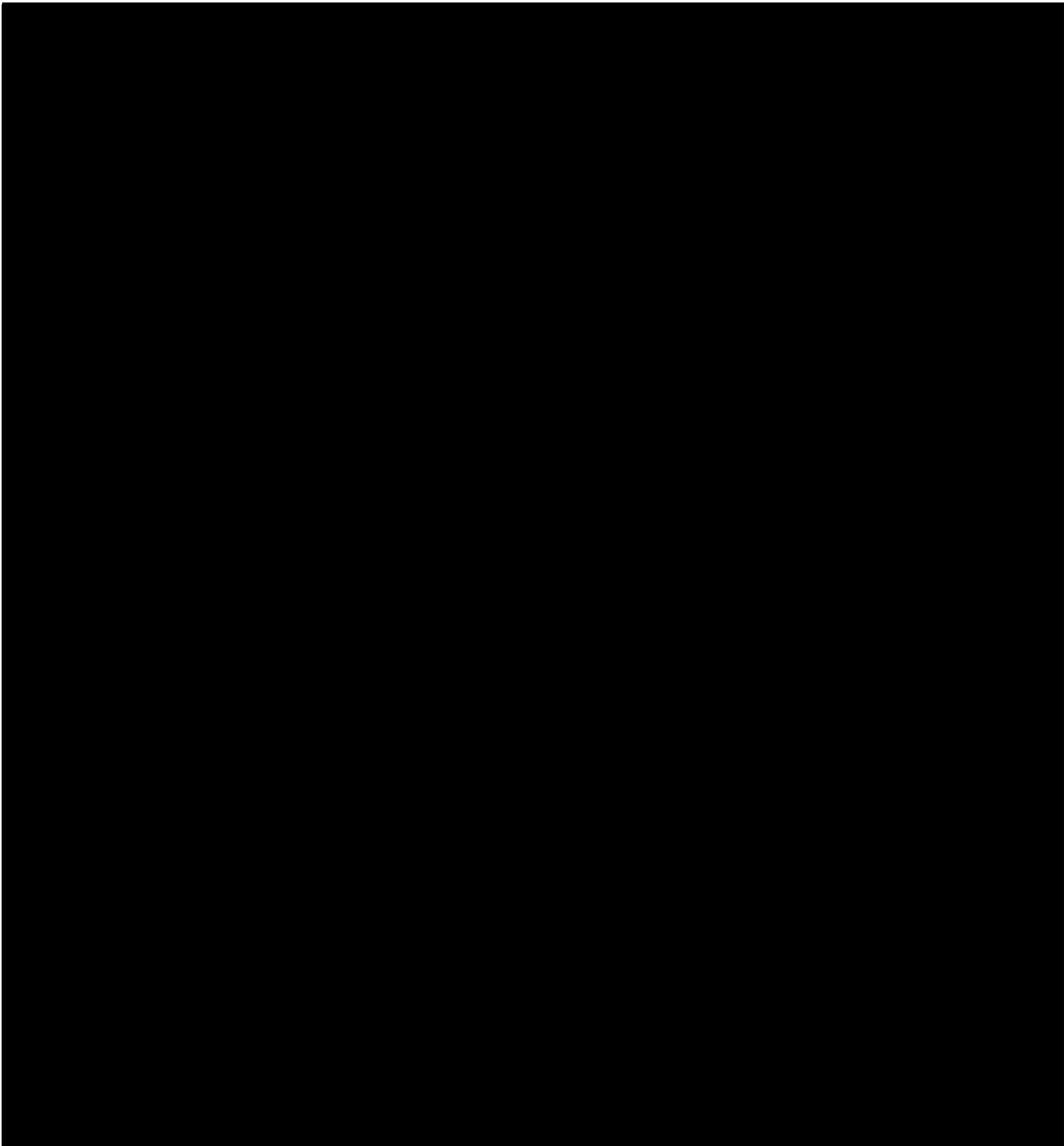
Redacted Exhibit

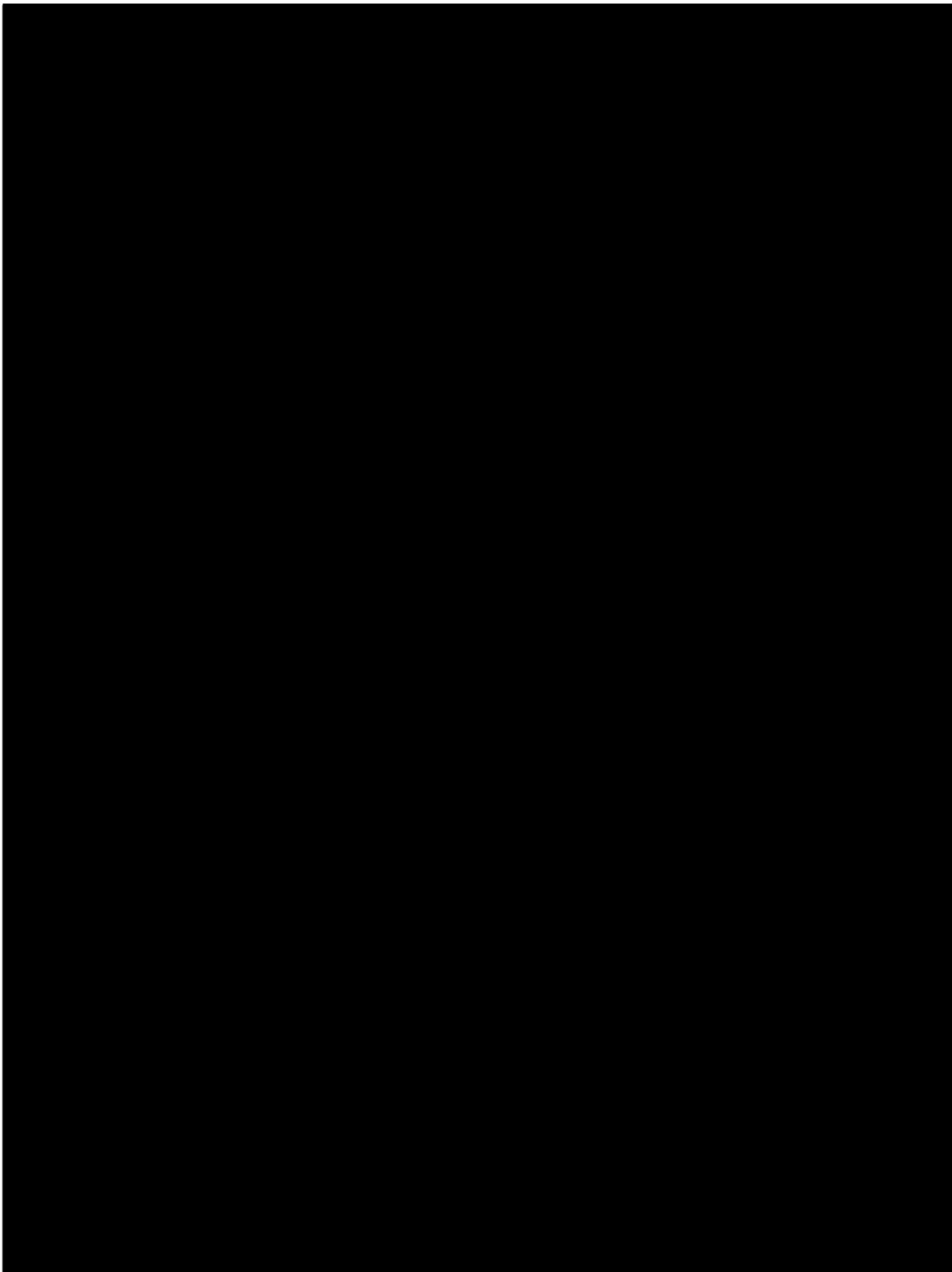


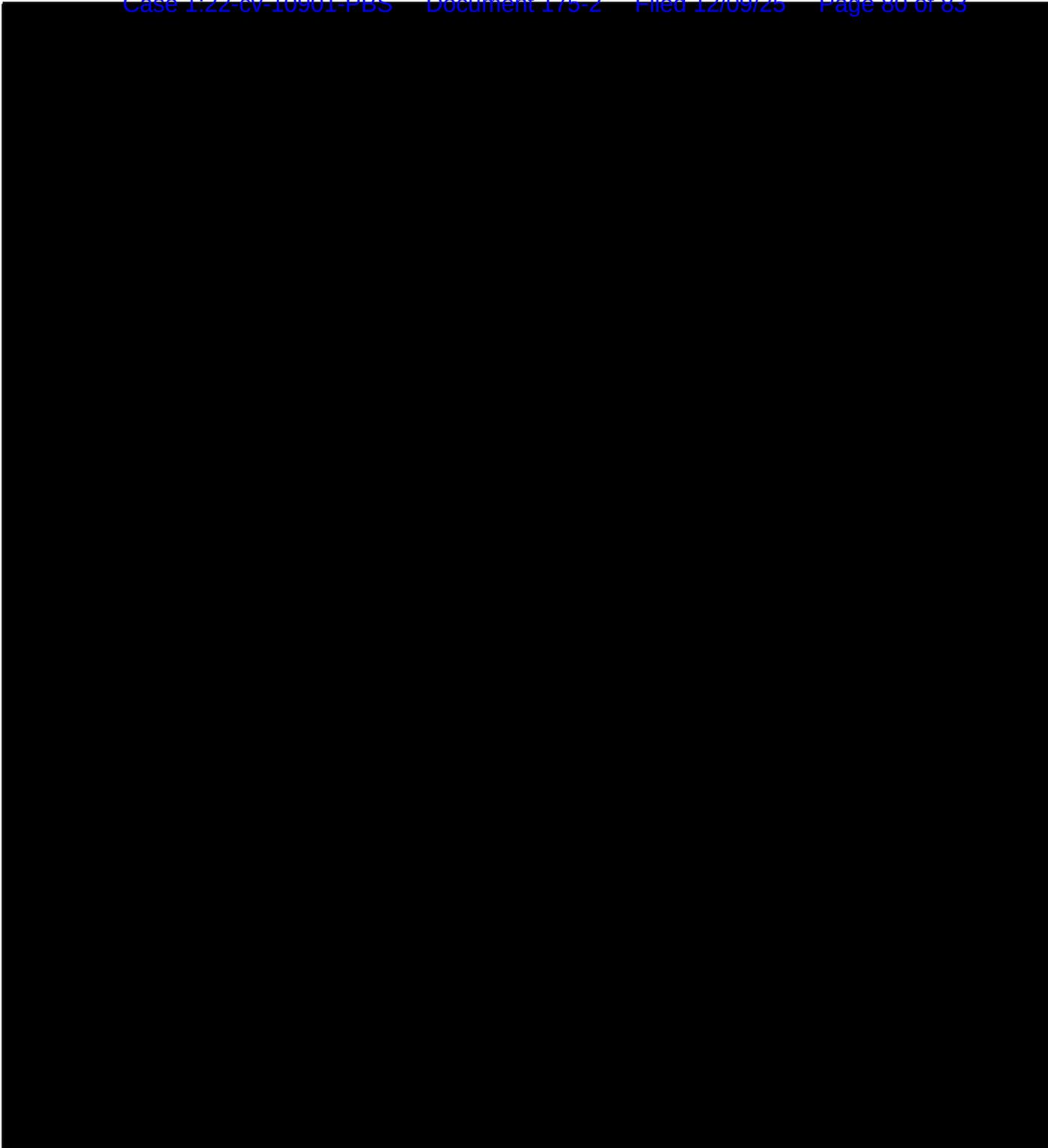
KOSSIFOS v. SHIELDS HEALTH CARE GROUP, INC., No. 2282-CV-00561 (Mass. Super. Ct.) IN RE SHIELDS HEALTH GROUP, INC. DATA BREACH LITIGATION, No. 1:22-cv-10901-PBS (D. Mass.) Final Approval Hearing: December 16, 2025 at 2:00 p.m. —  
Norfolk Superior Court • Objection Deadline: November 25, 2025 • Claims Deadline: December 3, 2025

---









Richard Butler [REDACTED] Kings Mountain, [REDACTED]

**EXHIBIT K – CONDITIONAL OBJECTION AND REQUEST FOR RELIEF**

I object to any settlement administration or distribution that would deny Class Members with documented Extraordinary losses equal to or exceeding the individual cap a payment of the per person maximum **(\$25,000)**, except as reduced by the Settlement’s pro rata provision (Settlement Agreement § 4.7). My documented losses exceed the cap, including a \$25,000 unreimbursed wire, **\$5,000** court ordered opposing attorney’s fees arising from child support enforcement during the same period, **\$448.22** for credit monitoring, and **\$150 for five hours** of response time.

I respectfully request that the Court and Administrator confirm that, upon approval, my valid claim will be paid at the cap of **\$25,000** (subject only to pro rata adjustment under § 4.7). Upon such confirmation in writing, I will promptly withdraw this objection. This objection is submitted by the Objection Deadline of November 25, 2025 as stated in the Long Notice.

This objection is not intended to obstruct the Settlement; rather, it seeks assurance that Class Members with severe, well documented losses are paid the maximum individual amount allowed by the Settlement. I reserve all rights retained by Settlement Class Members and will supplement as appropriate.

---

*I declare under penalty of perjury that the foregoing is true and correct.*

Richard Butler Signature

Name

Executed on

*October 27th 2025*

## SUPPORTING AUTHORITY

---

### *(SETTLEMENT AGREEMENT AND LONG NOTICE)*

- **Ordinary losses and time:** claim up to **\$2,500 total**, including credit monitoring and up to five hours at thirty dollars per hour.

*(Settlement Agreement § 4.2; Long Notice § 6).*

- **Extraordinary losses and time:** up to **\$25,000** (including up to twenty hours at thirty dollars per hour) for losses more likely than not connected to the incident.

*(Settlement Agreement § 4.3).*

- **Causation and documentation:** Administrator applies a reasonable person standard; may request third party documentation; claimant must verify.

*(Settlement Agreement §§ 4.3.3–4.3.4, 4.6, 7.1).*

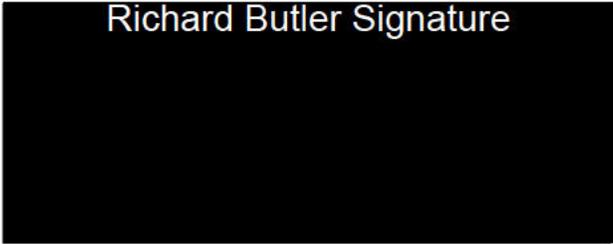
- **Per person cap:** total across categories cannot exceed **\$25,000**.

*(Settlement Agreement § 4.4).*

- **Pro rata:** payments may be adjusted pro rata based on approved claims and available funds.

*(Settlement Agreement § 4.7; Long Notice § 7).*

Richard Butler Signature



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).

Butler 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: (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.
(ii) Extraordinary Losses and Extraordinary Attested Time up to \$25,000 per individual.
(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.