

**Must be postmarked or submitted online
NO LATER THAN MAY 15, 2026**

Richardson v. Cumberland Heights Foundation, Inc.
PO Box 19504
Irvine, CA 92623
www.CHFDataSettlement.com

Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice that your Private Information may have been implicated in the *Richardson v. Cumberland Heights Foundation, Inc.* Data Incident that took place on or about February 21, 2024, and if you did not opt out of the Settlement, you may submit a claim.

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

You may be eligible for the following settlement benefits.

- 1. Credit Monitoring:** You may claim two years of single bureau CyEx Medical Shield Complete regardless of whether you submit a claim for Documented Out-of-Pocket Expenses and Losses or a claim for Alternative Cash Payment. Enrollment instructions will be provided following final approval of the Settlement.
- 2. Reimbursement of Documented Out-of-Pocket Expenses and Losses:** You may submit a claim for reimbursement of documented out-of-pocket expenses and losses up to \$1,000 per Settlement Class Member that are fairly traceable to the Data Incident. These claims (1) must be supported with third-party documentation; (2) the expense or loss must be an actual, documented, and unreimbursed monetary expense or loss; (3) the expense or loss was fairly traceable to the Data Incident; (4) the expense or loss was incurred after the first date of the Data Incident; and (5) the expense or loss was not already covered by one or more of the other reimbursement categories or otherwise reimbursed by a third party. The necessary documentation must be from a third-party source. The categories of reimbursable expenses or losses include, but are not limited to, unreimbursed financial losses due to fraud or identity theft; bank fees; postage; copying; travel costs; and notary fees related to addressing the misuse of the Settlement Class Members' Social Security number or date of birth; fees for credit repair services; and costs for additional credit reports, credit monitoring, or other identity theft insurance products.
- 3. Alternative Cash Payment:** In the alternative to making a claim for Documented Out-Of-Pocket Expenses and Losses, you may elect to receive a \$45 alternative cash payment. If the Settlement Administrator deems any claims for out-of-pocket expenses or losses to be invalid and not cured, the Settlement Administrator shall deem such claim as one for the alternative cash payment.

Claims must be submitted online or mailed by May 15, 2026. Use the address at the top of this form for mailed claims.

For more information and complete instructions visit www.CHFDataSettlement.com.

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

Examples of third-party supporting documentation include (but are not limited to): (i) credit card statements; (ii) bank statements; (iii) invoices; (iv) telephone records; and (v) receipts. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source, including identity protection or credit monitoring services previously offered.

To obtain reimbursement under Documented Out-of-Pocket Expenses and Losses, attach the supporting documentation, provide a brief description of the loss, and confirmation of whether you have been reimbursed from another source. The necessary documentation must be from a third-party source.

Date	Description of Documented Expenses and Losses and Supporting Documents	Amount

3. Alternative Cash Payment: In the alternative to making a claim for Documented Out-of-Pocket Expenses and Losses, you may elect to receive a \$45 Alternative Cash Payment.

Check this box to receive a \$45 Alternative Cash Payment.

How You Will Receive Your Payment

If you make a claim for a cash payment using this Claim Form, you will receive your payment by check. To receive an electronic payment, submit your claim online at www.CHFDataSettlement.com.

Attestation & Signature

I declare under penalty of perjury under the laws of the United States that the information supplied in this Claim Form and any copies of documents I am sending to support my claim are true and accurate, and I certify that I am eligible to make a claim in this Settlement, and that I am completing this Claim Form to the best of my knowledge. I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete and valid.

Signature

Date: ____ - ____ - ____
MM DD YYYY