CLAIM FORM AND RELEASE

CIRCUIT COURT FOR BALDWIN COUNTY, ALABAMA

Jessica Hellwege v. Heritage Holdings L.P.
Case No. 05-CV-2026-900419.00

Heritage Holdings Data Incident Settlement
P.O. Box 25226
Santa Ana, CA 92799

(833) 296-0808
info@HHDataSettlement.com
www.HHDataSettlement.com

TO BE ELIGIBLE TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST BE A SETTLEMENT CLASS MEMBER.

For purposes of the Settlement, the Court has defined the Settlement Class this way: "All living individuals residing in the United States whose Private Information was impacted in the Data Incident."

Excluded from the Settlement Class are: (1) Heritage Holdings and its officers and directors; (2) governmental entities; (3) the Judge in this case, and the Judge's family and staff; and (4) anyone who validly excludes themselves from the Settlement.

You may submit your Claim Form through the Settlement Website, www.HHDataSettlement.com, or by completing and signing this Claim Form.

Claims must be submitted online or postmarked by February 16, 2027.

Paper Claim Forms must be mailed through the United States Postal Service, so that they are postmarked **no later than February 16, 2027**. Please mail to:

Heritage Holdings Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799-9958

Do not mail or deliver your Claim Form to the Court, the Settling Parties, or their counsel.

GENERAL INFORMATION

1. Complete information about the proposed Settlement is available at www.HHDataSettlement.com.
2. If you submitted a request to be excluded from the Settlement, do not submit a claim.
3. Submit only one Claim Form, online or paper, per person.

AVAILABLE BENEFITS

All Settlement Class Members are eligible to enroll in **Medical Data Monitoring** and to claim **one** of the two **Cash Payment** options. These benefits are described in more detail below.

MEDICAL DATA MONITORING. All Settlement Class Members are eligible to claim two years of CyEx Medical Shield Complete. This comprehensive service comes with $1 million of medical identity theft insurance, and includes monitoring for:

- healthcare insurance ID exposure
- Medical Record Number (MRN) exposure
- unauthorized Health Savings Account (HSA) spending

As part of the Medical Data Monitoring, if anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

CASH PAYMENT OPTIONS

Cash Payment A – Documented Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you can get back up to **$5,000.00**. The losses must have occurred between September 16, 2025, and February 16, 2027.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

You need to send proof, like bank statements or receipts, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a Valid Claim. Your proof or notes should show that your expenses were because of the Data Incident.

You cannot claim a payment for expenses that have already been reimbursed by a third party.

Cash Payment B – Alternate Cash. *Instead of Cash Payment A*, you may claim a one-time cash payment. This payment is expected to be **$45.00** but may be reduced depending on the total number of Valid Claims filed.

You do not have to provide any proof or explanation to claim this payment.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

Online:	www.HHDataSettlement.com
By email:	info@HHDataSettlement.com
By toll-free call:	(833) 296-0808

By mail:

Heritage Holdings Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799-9958

THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIM IS ONLINE AT www.HHDataSettlement.com

You may also print out and complete this Claim Form and submit it by U.S. mail.

An electronic image of the completed Claim Form can also be emailed to info@HHDataSettlement.com.

Claims must be submitted online or postmarked by February 16, 2027.

If your contact information changes after you submit your claim, notify the Settlement Administrator.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Please complete this entire section. The Settlement Administrator will use this information to get in touch with you regarding your claim. If your contact information changes after you submit your claim, notify the Settlement Administrator. **Please write legibly.**

Settlement Class Member First Name **MI**

Settlement Class Member Last Name

Entity Name (if Settlement Class Member is not an individual)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City **State** **ZIP**

Email Address

Telephone Number

- -

Login ID (if known)

II. MEDICAL DATA MONITORING

☐ Check this box if you would like to enroll in two years of Medical Data Monitoring from CyEx Medical Shield Complete.

III. CASH PAYMENT A – DOCUMENTED LOSSES

☐ Check this box if you would like to claim reimbursement for documented out-of-pocket losses due to identity theft or fraud because of the Data Incident. You can get back up to $5,000.00. **DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING A PAYMENT FROM SECTION IV**.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	***Amount***
Example: Unauthorized bank transfer	*$500*
TOTAL CLAIMED:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

IV. CASH PAYMENT B – ALTERNATE CASH

☐ Check this box if you want to claim a one-time estimated $45.00 *pro rata* cash payment. **DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING A PAYMENT FROM SECTION III**.

V. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

☐ **PAYPAL**

Email address associated with your PayPal account, if different from the one you provided in Section I:

☐ **VENMO**

Telephone number associated with your Venmo account, if different from the one you provided in Section I:

- -

☐ **ZELLE**

Email address associated with your Zelle account, if different from the one you provided in Section I:

OR

Telephone number associated with your Zelle account, if different from the one you provided in Section I:

- -

☐ **VIRTUAL PREPAID CARD**

Email address where you want to receive your prepaid card, if different from the one you provided in Section I:

☐ **PHYSICAL CHECK**

Payment will be mailed to the address provided in Section I.

VI. ATTESTATION AND SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, including supporting documentation, 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.

Settlement Class Member Signature

MM DD YY

Please print or type your name on the line above.