

Your claim must
be submitted
online or
postmarked by:
April 23, 2026

*In re Pediatric Home Respiratory Services, LLC
d/b/a Pediatric Home Service Litigation*
Case No. 62-CV-25-2838
District Court for Ramsey County, Minnesota

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April 23, 2026

DATA INCIDENT SETTLEMENT CLAIM FORM

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: “All living individuals in the United States who were sent notice by the Defendant that their Private Information was impacted in the Data Incident.”

Excluded from the Settlement Class are: (a) all persons who are directors and officers of Defendant; (b) governmental entities; and (c) the Judge assigned to the Action, that Judge’s immediate family, and Court staff.

**COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH
TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS**

AVAILABLE BENEFITS

Settlement Class Members may claim **one** of three **Credit Monitoring** options and **one** of two **Cash Payment** options. The benefits are explained in more detail below.

CREDIT MONITORING. Settlement Class Members are eligible to enroll in **one** of the Credit Monitoring options: **CyEx Medical Shield Complete**, **CyEx Identity Defense Total**, or **CyEx Minor Defense Pro**. Additional details for these options is provided below.

CyEx Medical Shield Complete. You may choose to enroll in one year 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

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

-OR-

CyEx Identity Defense Total. You may choose to enroll in one year of CyEx Identity Defense Total. This comprehensive service comes with \$1 million in identity theft insurance, and includes:

- real time monitoring of your credit file
- dark web scanning

Questions? Call (833) 647-9048 Toll-Free or Visit www.PHSDataSettlement.com

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- comprehensive public records monitoring

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

-OR-

CyEx Minor Defense Pro. Settlement Class Members who are minors may be enrolled in CyEx Minor Defense Pro. This service is specifically tailored to protecting minors, and includes:

- identity monitoring (minor's Social Security number appearing in credit files)
- public records tracing (minor's Social Security number appearing public records)
- dark web monitoring

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

CASH PAYMENTS. Settlement Class Members may claim **one** of two payments. If you have documented losses, you may claim a cash payment from **Cash Payment A – Documented Losses**. Alternatively, Settlement Class Members may claim a one-time \$50.00 cash payment from **Cash Payment B – Alternate Cash**. You may claim only **one** total payment from these 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 **\$1,500.00**. The losses must have occurred between November 1, 2024, and April 23, 2026.

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 receipts, to show how much you spent or lost. Your personal certifications, declarations, or affidavits do not constitute reasonable documentation to make a valid claim, but you may include that to provide clarification, context, or support for other submitted reasonable documentation showing 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.

-OR-

Cash Payment B – Alternate Cash. Instead of Cash Payment A – Documented Losses, you may claim a one-time **\$50.00** cash payment. You do not have to provide any proof or explanation to claim this payment.

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

- Email: info@PHSDataSettlement.com
- Call toll free, 24/7: (833) 647-9048
- By mail: Pediatric Home Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799

**THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE USING YOUR
UNIQUE LOGIN ID AND PIN AT WWW.PHSDATASETTLEMENT.COM**

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

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DATA INCIDENT SETTLEMENT CLAIM FORM

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Unique ID (if known)

If you are a parent or guardian of a Minor Settlement Class Member and are completing this Claim Form on their behalf, please submit your information here:

Parent/Guardian First Name

Parent/Guardian First Name Last Name

Unique ID (from Postcard Notice)

Email Address

Phone Number

II. CREDIT MONITORING

You may select **one** of the following options:

- Check this box if you would like to enroll in one year of **CyEx Medical Shield Complete** by a credit bureau.
- Check this box if you would like to enroll in one year of **CyEx Identity Defense Total** by three credit bureaus.
- Check this box if you would like to enroll in one year of **CyEx Minor Defense Pro** by a credit bureau.

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III. CASH PAYMENT A – DOCUMENTED LOSSES

- Check this box if you would like to claim reimbursement for documented losses due to identity theft or fraud. You can get back up to \$1,500.00. **DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING 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 \$50.00 cash payment. **DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING PAYMENTS 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, if different than you provided in Section 1: _____
- Venmo**
Mobile number, if different than you provided in Section 1: _____
- Zelle**
Email address or mobile number, if different than you provided in Section 1: _____
- Virtual Prepaid Card**
Email address, if different than you provided in Section 1: _____
- Physical Check**
Payment will be mailed to the address provided in Section 1.

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VI. ATTESTATION & 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.

Signature

Printed Name

Date

Certification for Parent or Legal Guardian Filing on Behalf of Minor Settlement Class Member

By signing below, I certify under penalty of perjury that I am the authorized parent or legal guardian of the Minor Settlement Class Member identified in this Claim Form. I further certify that the information provided in this Claim Form and any attachments are true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator as to the support submitted as part of this Claim.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Relationship to Minor Settlement Class Member

Printed Name of Minor Settlement Class Member