

**Your claim must  
be submitted  
online or  
postmarked by:  
April 20, 2026**

*In re: Seven Counties Services, Inc. Data Breach Litigation*  
Case No. 24-CI-007516  
Jefferson Circuit Court of Jefferson County, Kentucky  
Division Thirteen  
**CLAIM FORM**

**SCS-CLAIM**

### **GENERAL INSTRUCTIONS**

You are eligible to submit a Claim Form if you are a member of the Settlement Class, which includes:

**All individuals impacted by the cyber security incident that Seven Counties experienced from July 19, 2024 to August 12, 2024 (“Data Incident”), including all individuals who received notice of the Data Incident.**

Settlement Class Members can submit a Claim Form online at [www.SCSSettlement.com](http://www.SCSSettlement.com) or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than **April 20, 2026**.

### **SETTLEMENT CLASS MEMBER BENEFITS**

**Credit Monitoring and Identity Theft Protection Services.** Settlement Class Members are eligible to enroll in three (3) years of one-bureau Credit Monitoring and Identity Theft Protection Services provided by CyEx.

**Documented Losses.** Settlement Class Members who suffered out-of-pocket costs or expenses that are supported by reasonable documentation and are fairly traceable to the Data Incident are eligible for payment of up to Five Thousand Dollars (\$5,000). Documented Out-of-Pocket Losses include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges. Settlement Class Members with Documented Losses **must submit documentation** supporting their claims. This can include receipts or other documentation not “self-prepared” by the claimant that documents the costs incurred. “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.

**Reimbursement of Lost Time.** Settlement Class Members may receive reimbursement of attested lost time up to four (4) hours at Twenty-Five Dollars (\$25.00) per hour. Settlement Class Members can receive reimbursement of Lost Time with an attestation that the time spent was reasonably related to mitigating the effects of the Data Incident.

**Alternative Cash Payment.** In lieu of receiving payment for Documented Losses and reimbursement for Lost Time, all Settlement Class Members may elect to submit a claim for a one-time alternative cash payment of up to Seventy-Five Dollars (\$75.00). Settlement Class Members who elect to receive an Alternative Cash Payment are still eligible to receive Credit Monitoring and Identity Theft Protection Services.

The total amount of Settlement benefits is subject to the Aggregate Cap, which is the maximum amount to be paid by Defendant under the Settlement for payment of Credit Monitoring and Identity Theft Protection Services and claims for Out-of-Pocket Losses, Reimbursement of Lost Time, or for the Alternative Cash Payment, which is no more than One Million Dollars (\$1,000,000.00).

### **SUBMITTING YOUR CLAIM FORM**

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

This Claim Form, with any supporting documentation, may be submitted electronically via the Settlement Website at [www.SCSSettlement.com](http://www.SCSSettlement.com) or it may be mailed, with any supporting documentation, to: **Seven Counties Data Incident Settlement, Attn: Claim Forms, PO Box 10, East Brunswick, NJ 08816-9998.**

**QUESTIONS? VISIT [WWW.SCSSSETTLEMENT.COM](http://WWW.SCSSSETTLEMENT.COM) OR CALL TOLL-FREE 1-888-323-9188**



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**IV. REIMBURSEMENT OF LOST TIME**

Check this box if you are seeking reimbursement for time spent dealing with issues related to the Data Incident.

Indicate the number of hours spent:  1 Hour  2 Hours  3 Hours  4 Hours

I hereby attest under penalty of perjury that the lost time claimed above was spent in response to the Data Incident, as described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. ALTERNATIVE CASH PAYMENT**

Check this box if you wish to receive an Alternative Cash Payment in the amount of \$75.00. You are not eligible for this payment if you are seeking reimbursement of documented losses and/or reimbursement of lost time.

**VI. PAYMENT SELECTION**

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

PayPal  Venmo  Zelle  Virtual Prepaid Card  Check\*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid Card: \_\_\_\_\_

**\*Payment via check will be mailed to the address provided in Section I above.**

**VII. CERTIFICATION & SIGNATURE**

I swear and affirm under penalty of perjury that I am a Settlement Class Member, and 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.

\_\_\_\_\_  
Signature Printed Name Date