

Assistcare Claims Administrator
c/o Postlethwaite & Netterville
P.O. Box 5125
Baton Rouge, LA 70821

**Your Claim Form Must Be Submitted
On or Before May 22, 2023**

Simmons v. Assistcare Home Health Services, LLC
Supreme Court of the State of New York County of Kings (Index No. 511490/2021)

Claim Form

ATTENTION: This Claim Form is to be used to apply for monetary benefits from the settlement of a lawsuit with The Preferred Home Association (“Preferred Home”). The lawsuit alleges that Preferred Home experienced a cybersecurity incident attack on its computer network between January 8 through January 10, 2021, which resulted in the potential compromise of personally identifiable information (“PII”) and protected health Information (“PHI”) of current and/or former employees and patients of Preferred Home (the “Data Incident”). Preferred Home denies all of the claims and says it did not do anything wrong. To recover as part of this settlement, you must provide the information requested in this Claim Form for each applicable claim. PLEASE BE ADVISED that any documentation you provide must be submitted with this Claim Form.

You may submit claims in each applicable category below:

(A) The Settlement provides all Settlement Class and Settlement Subclass Members the opportunity to claim a one (1)-year membership of three bureau (3B) credit monitoring services.

(B) Compensation for ordinary losses attributable to the Data Incident, which include:

(1) Unreimbursed out-of-pocket expenses incurred as a result of the Data Incident, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel;

(2) Unreimbursed fees for credit reports, credit monitoring, or other identity theft insurance product purchased between January 8, 2021 and May 22, 2023; and

(3) Reimbursement for up to four (4) hours of lost time, calculated at \$20/hour, if at least one (1) full hour was spent dealing with the Data Incident, provided that the Settlement Class Member attests that the claimed lost time was spent responding to issues raised by the Data Incident; and

(C) Compensation for extraordinary unreimbursed proven monetary losses attributable to the Data Incident, if the loss was more likely than not caused by the Data Incident

(4) the loss occurred between the January 8, 2021 and May 22, 2023;

(5) the loss is not already covered by one or more of the normal reimbursement categories; and

(6) a reasonable effort was made to avoid or seek reimbursement for the loss, including but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

For further information on each, please see the Notice.

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, www.AssistcareDataSettlement.com, and follow the instructions on the “Submit a Claim” page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to **PO Box 5125, Baton Rouge, LA 70821, postmarked by May 22, 2023** or submit this Claim Form electronically at www.AssistcareDataSettlement.com by May 22, 2023. Please print clearly in blue or black ink.

To receive benefits from this settlement, you **must** provide all of the required (*) information below and you **must** sign this claim form. This claim form should only be used if a claim is being mailed in and is not being filed online. You may also file your claim online at www.AssistcareDataSettlement.com.

1. CLASS MEMBER INFORMATION.

<input type="text"/>																								<input type="text"/>																							
*First Name																								Middle Initial																							
<input type="text"/>																								<input type="text"/>																							
*Last Name																								Suffix																							
<input type="text"/>																																															
*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)																																															
<input type="text"/>																								<input type="text"/>			<input type="text"/>																				
*City																								*State			*Zip Code																				
<input type="text"/>																																															
Current Email Address (Optional)																																															
<input type="text"/>						-						<input type="text"/>						-						<input type="text"/>						-						<input type="text"/>						<input type="text"/>					
*Current Phone Number (Required)												*Settlement Claim ID (Required)																																			

Settlement Claim ID: Your Settlement Claim ID can be found on the postcard Notice you received in the mail informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator at 1-844-966-4825.

2. PAYMENT ELIGIBILITY INFORMATION.

Claim A: Credit Monitoring

The Settlement provides all Settlement Class and Settlement Subclass Members the opportunity to claim a one (1)-year membership of three bureau (3B) credit monitoring services.

I wish to claim the credit monitoring offered, and affirm that I am part of the Settlement Class or the Settlement

Please provide your email address to be emailed a code for the credit monitoring offered.

Email: _____

Claim B: Ordinary Losses - Lost Time Reimbursement

Settlement Class Members are eligible for compensation for up to a total of \$400.00 per person for Ordinary Losses, including expenses and lost time. Lost time may include up to 4 hours of lost time, at \$20.00 per hour, for time spent dealing with the Data Incident.

If you elect to obtain reimbursement for personal time addressing issues arising out of the Data Incident to try to prevent, detect, contest, remediate, and/or repair related damages as a result of the Data Incident, complete the following:

I attest that I spent personal time responding to issues raised by the Data Incident.

1 Hour

2 Hours

3 Hours

4 Hours

Claim B: Ordinary Losses - Expense Reimbursement

To obtain reimbursement under this category, you must affirm one or more of the following, if applicable:

- I incurred unreimbursed losses unreimbursed ordinary losses related to out-of-pocket expenses incurred as a result of the Data Incident, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.
- I incurred fees for credit reports, credit monitoring, or other identity theft insurance product purchased between January 8, 2021 and the Claims Deadline.

Total Amount of Ordinary Losses \$_____

Please provide a description of each expense or loss claimed, the date of loss, the dollar amount of the loss, and the type of supporting documentation you will be submitting to support the loss.

You must provide ALL of this information for this claim to be processed.

Claim B: Ordinary Losses - Out-of-Pocket Expense and Credit Reports, Credit Monitoring, or Other Identity Theft Insurance Product Reimbursement			
Settlement Class Members are eligible for compensation for up to a total of \$400.00 per person for Ordinary Losses, including expenses and lost time			
Description of the Expense	Date	Amount	Supporting Documentation
Examples: Ordered credit reports	1/5/2021	\$30.00	Copy of invoice/billing statement
Mailed police reports to private provider	1/5/2021	\$5.00	Copy of receipt from U.S. Post Office
TOTAL (maximum \$400.00, can be claimed, including lost time)			
List any additional expenses on a separate sheet and submit with this Claim Form.			
Failure to provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.			

Claim C: Extraordinary Losses - Expense Reimbursement

To obtain reimbursement under this category, you must affirm the following:

- I experienced proven monetary loss(es) attributable to the Data Incident, **AND** the loss is an actual, documented, and unreimbursed monetary loss, **AND** the loss was more likely than not caused by the Data Incident, **AND** the loss occurred between January 8, 2021 and May 22, 2023, **AND** the loss is not already covered by one or more of the above normal reimbursement categories, **AND** a reasonable effort was made by me to avoid or seek reimbursement for the loss, including but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

Please provide documentation supporting both your claim and your associated expenses.

An example of documentation supporting your claim would include a letter from your health insurance company, financial institution, credit reporting agency, or another source informing you that a false health insurance claim had been filed or fraudulent financial loss had to be reversed.

An example of documentation supporting your associated expenses would include receipts, voided checks, bank statements, or other documents showing the amount of your losses and/or a detailed narrative description of what happened and what losses you incurred.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

Claim C: Extraordinary Losses - Expense Reimbursement			
(Settlement Class Members are eligible for compensation for up to a total of \$3,500.00 per person for Extraordinary Losses)			
Description of the Expense	Date	Amount	Supporting Documentation
Examples: Unreimbursed fraudulent medical bills	1/5/2021	\$200.00	Copy of invoice/billing statement
Unreimbursed charged from account fraudulently opened with my identity.	1/5/2021	\$100.00	Copy of invoice/billing statement and report of identity theft to account company
TOTAL (maximum \$3,500.00)			
List any additional expenses on a separate sheet and submit with this Claim Form.			
Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.			

In order to be eligible for compensation under Claim B & C, you must certify below that you have made reasonable efforts to avoid or seek reimbursement for the loss.

3. SIGN AND DATE YOUR CLAIM FORM.

I understand that my Claim and the information provided above will be subject to verification.

By submitting this Claim Form, I certify and declare that the information provided in this Claim Form is true and correct and that this form was executed on the date set forth below. I further certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Signature

Print Name

Date

4. REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement website at www.AssistcareDataSettlement.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
3. For more information, please visit the settlement website at www.AssistcareDataSettlement.com or call the Claims Administrator at [1-844-966-4825](tel:1-844-966-4825). Please do not call the Court or the Clerk of the Court for additional information.
4. This claim form must be postmarked by **May 22, 2023** and mailed to: Assistcare Claims Administrator, c/o Postlethwaite & Netterville, P.O. Box 5125, Baton Rouge, LA 70821.