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PERSONAL TOUCH HOLDING CORP. SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you received a notice of Data Breach regarding the Data Breach from Personal Touch Holding Corp. (“PTHC”) on or around March 24, 2021, and you (i) had your personal information or protected health information potentially exposed in the Data Breach and had unreimbursed costs or expenditures that are fairly traceable to the Data Breach and/or time spent remedying issues related to the Data Breach, (ii) did not have your personal information or protected health information potentially exposed in the Data Breach and had unreimbursed costs or expenditures that are fairly traceable to receipt of notice from Defendant of the Data Breach and/or time spent remedying issues related to the receipt of notice from Defendant of the Data Breach, and/or (iii) had your personal information or protected health information potentially exposed in the Data Breach and would like credit monitoring services and identity theft insurance. You may get a check or electronic payment if you fill out this Claim Form, if the settlement is approved, and if you are found to be eligible for a payment.

The settlement Notice describes your legal rights and options. To obtain the settlement Notice and find more information regarding your legal rights and options, please visit the official settlement website, www.personaltouchdatasettlement.com, or call toll-free (833) 462-3481.

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

If you wish to submit a Settlement Claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to Personal Touch Holding Corp., c/o Kroll Settlement Administration, PO Box 225391, New York, NY 10150-5391, postmarked by **May 21, 2024**. Please print clearly in blue or black ink.



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1. SETTLEMENT CLASS MEMBER INFORMATION

Required Information:

First Name MI Last Name

Address 1

Address 2

City State Zip Code

Country

(_____) _____ - _____
Phone Number

E-mail @

PAYMENT ELIGIBILITY INFORMATION

To prepare for this section of the Claim Form, please review the settlement Notice and the Settlement Agreement (available for download at www.personaltouchdatasettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

To help us determine if you are entitled to a settlement payment, please provide as much information as possible.

A. Verification of Class Membership

You are only eligible to file a Settlement Claim if you are a person to whom PTHC sent notification, whether by direct written notice or substitute notice, that personal information and/or protected health information may have been or was exposed to unauthorized third parties as a result of the Data Breach occurring in or about January 2021.

By submitting a Settlement Claim and signing the certification below, you are verifying that you were notified by mail or via substitute notice of the Data Breach announced by PTHC on or about March 24, 2021.



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In addition, to allow the Claims Administrator to confirm your membership in the Settlement Class, you must provide either:

- (1) The Class Member ID provided in the Notice you received by postcard or e-mail
or
- (2) name and physical address you provided to PTHC for healthcare or employment related purposes. Thus, please **EITHER:**

- (1) Provide the Class Member ID provided in the Notice you received:

7 1 2 7 8 _____

OR

- (2) Provide your name _____

and physical address you provided to PTHC for healthcare or employment related purposes:

DOCUMENTATION IS REQUIRED

B. Out-Of-Pocket Losses and Attested Time

Check the box for each category of Out-of-Pocket Losses or Attested Time that you incurred as a result of the Data Breach. Please be sure to fill in the total amount you are claiming for each category and attach the required documentation as described in **bold type** (if you are asked to provide account statements as part of required proof for any part of your claim, you may redact unrelated transactions and all but the first four and last four digits of any account number). Please round total amounts down or up to the nearest dollar.

I. Expenses and Time Fairly Traceable to the Data Breach

Only complete section I if **your personally identifiable information or protected health information was potentially exposed in the Data Breach**, and you incurred expenses that are fairly traceable to the Data Breach, you may be entitled to compensation for these expenses. **If your information was NOT exposed, skip this section.** To obtain reimbursement under this category, you must attest to the following:

I attest I incurred unreimbursed fees or other charges from your bank or credit card company incurred from January 20, 2021 to May 21, 2024 (the "Claims Deadline") due to the Data Breach.

DATE	DESCRIPTION	AMOUNT
____ / ____ / ____		
____ / ____ / ____		

Examples: Unreimbursed overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

Documentation Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the first four and last four digits of any account number)



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I attest I incurred unreimbursed fees relating to your account being frozen or unavailable incurred from January 20, 2021 to May 21, 2024 due to the Data Breach.

DATE	DESCRIPTION	AMOUNT
___ / ___ / ___	_____	\$ _____
___ / ___ / ___	_____	\$ _____

Examples: You were charged interest by a payday lender due to card cancellation or due to an over-limit situation, or you had to pay a fee for a money order or other form of alternative payment because you could not use your debit or credit card, and these charges and payments were not reimbursed.

Documentation Required: Attach a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

I attest I incurred unreimbursed fees or other charges relating to the reissuance of your credit or debit card incurred from January 20, 2021 to May 21, 2024 due to the Data Breach.

DATE	DESCRIPTION	AMOUNT
___ / ___ / ___	_____	\$ _____
___ / ___ / ___	_____	\$ _____

Examples: Unreimbursed fees that your bank charged you because you requested a new credit or debit card.

Documentation Required: Attach a copy of a bank or credit card statement or other receipt showing these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

I attest I incurred other unreimbursed incidental telephone, internet, mileage or postage expenses directly related to the Data Breach incurred from January 20, 2021, to May 21, 2024 due to the Data Breach.

DATE	DESCRIPTION	AMOUNT
___ / ___ / ___	_____	\$ _____
___ / ___ / ___	_____	\$ _____

Examples: Unreimbursed long distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

Documentation Required: Attach a copy of the bill from your telephone company, mobile phone company, or internet service provider that shows the charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).



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I attest I purchased credit reports or credit monitoring charges purchased from January 20, 2021, to May 21, 2024 due to the Data Breach. This category is limited to services purchased primarily as a result of the Data Breach and if purchased from January 20, 2021, to May 21, 2024.

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

I attest I purchased credit reports from January 20, 2021, to May 21, 2024, primarily due to the Data Breach and not for other purposes.

DATE	Cost
___ ___ / ___ ___ / ___ ___	\$ _____
___ ___ / ___ ___ / ___ ___	\$ _____

Examples: The cost of a credit report(s) that you purchased after hearing about the Data Security Incident.

Documentation Required: Attach a copy of a receipt or other proof of purchase for each product or service purchased (you may redact unrelated transactions).

I attest I incurred between one (1) and three (3) hours of time spent monitoring accounts or otherwise dealing with the aftermath / clean-up of the Data Breach from January 20, 2021 to May 21, 2024 (round down to the nearest hour and check only one box).

- 1 Hour
 2 Hours
 3 Hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or e-mails, or on the internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Check all activities, below, which apply.

- Time spent obtaining credit reports.
- Time spent dealing with a credit freeze.
- Time spent dealing with bank or credit card fee issues.
- Time spent monitoring accounts.
- Other

If you choose any of the options above, please provide a brief description of (1) the actions taken in response to the Data Breach; and (2) the time associated with each action.

Description: _____





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To recover for Attested Time under this section, you must select one of the boxes above and provide a narrative description of the activities performed during the time claimed, and you must have at least one hour of lost time in order to claim this benefit.

Attestation (You must check the box below to obtain compensation for Attested Time)

I attest under penalty of perjury that I spent the number of hours claimed above making reasonable efforts to deal with the Data Security Incident.

II. Expenses and Time Fairly Traceable to Receiving Notice of the Data Breach

If you completed section I, do not complete this section. If your personally identifiable information or protected health information was not potentially exposed in the Data Breach, and you incurred expenses or spent time as a result of receiving the notice of Data Breach, you may be entitled to compensation for these expenses. To obtain reimbursement under this category, you must attest to the following:

I attest the timing of the loss occurred from January 20, 2021, to the May 21, 2024.

I attest I incurred the miscellaneous expenses incurred related to any Out-of-Pocket Losses such as notary, fax, postage, copying, mileage, and long-distance telephone charges

Table with 3 columns: DATE, DESCRIPTION, AMOUNT. Two rows for data entry.

I attest I incurred credit monitoring or other mitigative costs that were incurred on or after January 20, 2021.

Table with 3 columns: DATE, DESCRIPTION, AMOUNT. Two rows for data entry.

I attest I incurred between one (1) and three (3) hours of time spent remedying issues related to the receipt of notice from Defendant of the Data Breach from January 20, 2021, to May 21, 2024 (round down to the nearest hour), which has not already been claimed in Section I, above. (round down to the nearest hour and check only one box).

- 1 Hour, 2 Hours, 3 Hours (checkbox options)



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Examples: You spent at least one (1) full hour calling customer service lines, writing letters or e-mails, or on the internet in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding potential fraudulent transactions.
- Time on the internet checking for potential fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding potential fraudulent transactions and/or credit monitoring.
- Other.

If you choose any of the options above, please provide a brief description of (1) the actions taken in response to the Data Breach; and (2) the time associated with each action. _____

To recover for lost time under this section, you must select one of the boxes above and provide a narrative description of the activities performed during the time claimed, and you must have at least one hour of lost time in order to claim this benefit.

Attestation (You must check the box below to obtain compensation for Attested Time)

I attest under penalty of perjury that I spent the number of hours claimed above making reasonable efforts to deal with the Data Breach.

III. Identity Defense Total Service

All Settlement Class Members whose personally identifiable information or protected health information was potentially exposed in the Data Breach are eligible to receive two (2) years of Identity Defense Total Service.

Do you wish to sign up for free Identity Defense Total Service?

Yes, I want to sign up to receive free Identity Defense Total Service.

Email Address: _____@_____

If you select “yes” for this option, you will need to follow instructions and use an activation code that you receive after the settlement is Final. Identity Defense Total Service will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address or, if you do not have an email address, to your home address. If you do not select “yes” for this option, then you will not receive free Identity Defense Total Services.





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C. Certification

I declare under penalty of perjury under the laws of the United States that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed at _____ [City], _____ [State] on the date set forth below:

I understand that I may be asked to provide supplemental information by the Claims Administrator before my Settlement Claim will be considered complete and valid.

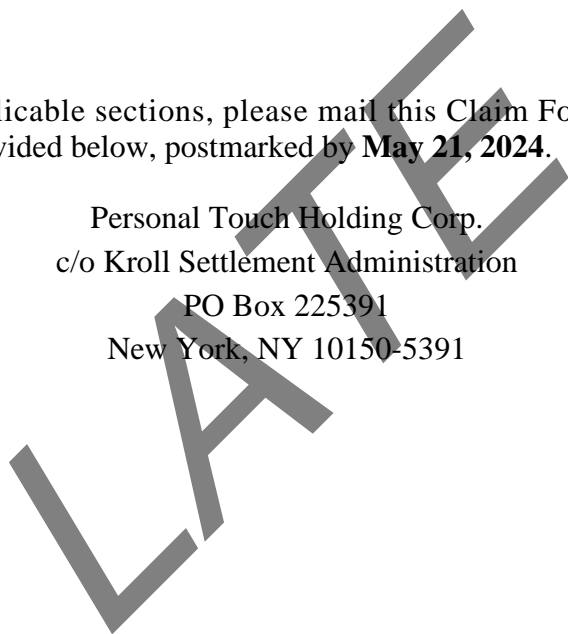
Print Name: _____

Signature: _____ Date: ____ / ____ / ____

D. Submission Instruction

Once you've completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by **May 21, 2024**.

Personal Touch Holding Corp.
c/o Kroll Settlement Administration
PO Box 225391
New York, NY 10150-5391



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