

CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you are and Adult Subclass Member and received a notification from Cornerstone Healthcare Group Management Services LLC d/b/a Cornerstone Specialty Hospitals (“**Cornerstone**”) that your personal information was or may have been compromised in the "Data Incident" discovered in or around December 2023.

The Claim Form is to be completed if you are a member of the Settlement Class and: (i) you had out-of-pocket losses, (ii) you wish to collect an alternative pro rata cash payment, or (iii) you wish to claim credit monitoring and identity restoration services. You may get a check 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 establishes a fund to compensate Settlement Class Members for their out-of-pocket losses, to provide credit monitoring services, and/or to provide Settlement Class Members with a pro rata cash payment, as well as for the costs of notice and administration, certain taxes, service award payments, and attorney fee awards and costs as awarded by the Court.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.CSHealthcareSettlement.com, or call 1-844-687-7014 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. If submitting by mail, please print clearly in blue or black ink. The **DEADLINE** to submit this claim form online (or have it postmarked for mailing) is **May 8, 2026**.

Si necesita ayuda en español, comuníquese con el administrador al 1-844-687-7014.

1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

Name: _____

Address: _____

Telephone: _____ Email: _____

Claim ID (found on postcard notice): _____

*If you are unable to locate your Claim ID, contact the Settlement Administrator at:
info@CSHealthcareSettlement.com

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and Section IV of the Settlement Agreement (available at www.CSHealthcareSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Monitoring Services: only available to SSN Subclass members.

____ Check this box if you are a member of the SSN Subclass and would like to claim 2-years of 3-bureau credit monitoring and identity restoration services. The offered services include \$1 million in identity fraud insurance.

Monetary Relief: Settlement Class members can choose either reimbursement for documented expenses or a pro rata cash payment. Claimed reimbursements must be supported by documentary evidence.

Reimbursement of Documented Losses

_____ Check this box if you would like to claim reimbursement of documented expenses. SSN subclass members may claim up to \$10,000 in reimbursements for documented ordinary and extraordinary losses. Settlement Class members who are not a part of the SSN Subclass may claim up to \$2,500 in reimbursements for documented ordinary losses.

Examples - unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your information; costs incurred on or after December 1, 2023 to the submission of this claim, no later than May 8, 2026, associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after December 1, 2023 to the submission of this claim, no later than May 8, 2026.

Supporting documentation and descriptions must be provided. Supporting documentation must not be “self-prepared,” such as handwritten receipts, and must demonstrate reasonable costs incurred and how the loss is fairly traceable to the Data Incident. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

Description of Documented Ordinary Losses: You can receive reimbursement for Documented Ordinary Losses, which are out-of-pocket losses, incurred on or after December 1, 2023 to the submission of this claim, including, but not limited to: unreimbursed bank or credit card fees, credit monitoring costs, long-distance phone charges, postage, or gasoline for local travel incurred as a result of identity theft or fraud. These out-of-pocket costs must be reasonably related and fairly traceable to the Data Incident or to mitigating the effects of the Data Incident. Please describe below the cost incurred, including the date the cost was incurred, the amount of the cost, identify the supporting documentation, and a brief description of the reason the costs were incurred.

Total amount for this category \$ _____ (maximum \$2,500)

Description of Documented Extraordinary Losses: If you are a member of the SSN Subclass, you can receive reimbursement for Documented Extraordinary Losses incurred on or after December 1, 2023 to the submission of this claim. These losses must be supported by documentation and description that demonstrate: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Incident; (iii) the loss occurred between December 1, 2023 and the date of claim submission; (iv) the loss is not already covered by one or more of the Documented Ordinary Loss

Postmarked by May 8, 2026 and mailed to: Cornerstone Data Incident Settlement Administrator, PO Box 2271, Baton Rouge, LA 70821; OR

Emailed by midnight on May 8, 2026 to info@CSHealthcareSettlement.com; OR

Submitted through the Settlement Website by midnight on May 8, 2026 at www.CSHealthcareSettlement.com.