

**Your claim must
be submitted
online or
postmarked by:
July 3, 2025**

[Ex. C: CLAIM FORM]

Celeste Brown and Ross Finesmith. v. AllCare Plus Pharmacy LLC
Suffolk County Superior Court
Commonwealth of Massachusetts
CLAIM FORM



Visit the Settlement Website by
scanning the provided QR Code.

GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits.

UNDER THIS SETTLEMENT YOU MAY BE ENTITLED TO A PAYMENT OF AT LEAST \$50

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are an individual who resides in the in the United States whose Protected Information was subjected to compromise in the Data Security Incident affecting AllCare Plus Pharmacy LLC on or around June 21, 2022.

Excluded from the Settlement Class are (i) AllCare Plus Pharmacy LLC, its officers and directors; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) any judges assigned to this case and their staff and family; and (iv) any other person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Security Incident or who pleads *nolo contendere* to any such charge.

Settlement Class Members may be eligible to receive benefits including a payment of \$50 or free credit reporting provided by IDX and other relief. Settlement Class Members can submit a Claim Form for: (1) Two years of credit monitoring at no charge; (2) Ordinary Loss Expense Reimbursement of up to a total of \$750 per claimant; (3) Lost Time Reimbursement of \$20 per hour for up to 5 hours (for a total of \$100, subject to the \$750 cap on Ordinary Loss claims and/or the \$5,000 cap on Extraordinary Loss claims); and (4) Extraordinary Losses Reimbursement of up to \$5,000 per claimant. In the alternative to making a claim for (1) – (4) above, Settlement Class Members may elect to receive an Alternative Cash Payment of \$50.

Ordinary Losses: Settlement Class Members may submit a claim for up to \$750.00 in Ordinary Losses. Ordinary Losses must be supported with documentation and include, without limitation, and by way of example, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; credit monitoring costs; and miscellaneous expenses such as fax, postage, copying, and mileage that were incurred on or after June 21, 2022.

Extraordinary Losses: Settlement Class Members are also eligible to receive reimbursement for documented extraordinary losses, not to exceed \$5,000 per Settlement Class Member, including proven actual monetary losses, provided that: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Security Incident; and (iii) the loss was incurred after June 21, 2022.

Lost Time: Settlement Class Members may submit a claim for up to \$20 per hour for up to five (5) hours for time actually spent responding to issues raised by the Data Security Incident. This is subject to the Ordinary and Extraordinary Losses caps, as applicable. To receive reimbursement for Lost Time, the claimant must include an attestation affirming the time spent and a written description of how the time was spent. This payment shall be included in the per person cap for compensation for Ordinary and Extraordinary Losses, as applicable. Please note, the five (5) hours total for Lost Time may not be submitted twice – i.e., for a claim of Ordinary Losses and a separate claim of Extraordinary Losses.

QUESTIONS? VISIT WWW.ALLCARESETTLEMENT.COM OR CALL TOLL-FREE 1-800-355-1535

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Credit Monitoring Services. All Settlement Class Members, except those who opt to receive the \$50 Alternative Cash Payment, shall be offered an opportunity to enroll in two years of *free* credit monitoring provided through IDX, including at least \$1,000,000 in identity theft protection insurance.

Alternative Cash Payment Claims. In the alternative to claims for Ordinary Losses, Lost Time, Extraordinary Losses, and/or Credit Monitoring (i.e., all of the reimbursement categories defined above), Settlement Class Members can elect a \$50.00 Alternative Cash Payment.

This Claim Form may be submitted electronically *via* the Settlement Website at www.AllCareSettlement.com or completed and mailed, including any supporting documentation to: AllCare Settlement, c/o Atticus Administration, PO Box 64053, St. Paul, MN 55164.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

Claimant ID Number, if known

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II. ORDINARY LOSSES

Check this box if you are requesting compensation for Ordinary Losses up to a total of \$750.

*You must submit supporting documentation demonstrating actual Ordinary Losses.

Complete the chart below describing the supporting documentation you are submitting.

Table with 2 columns: Description of Ordinary Loss Documentation Provided, Amount. Includes a row for TOTAL ORDINARY LOSS AMOUNT CLAIMED.

III. EXTRAORDINARY LOSSES

Check this box if you are requesting compensation for Unreimbursed Extraordinary Losses up to a total of \$5,000.

*You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.

Complete the chart below describing the supporting documentation you are submitting.

Table with 2 columns: Description of Extraordinary Loss Documentation Provided, Amount. Includes a row for TOTAL EXTRAORDINARY LOSS CLAIMED.

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IV. LOST TIME

Check this box if you spent time responding to issues raised by the Data Security Incident. You can submit a claim for reimbursement of \$20 per hour up to 5 hours (for a total of \$100, subject to the \$750 for Ordinary Losses or \$5,000 cap for Unreimbursed Extraordinary Losses). By checking this box, you are attesting that the activities you performed were related to the Data Security Incident.

Indicate the number of hours spent: 1 Hour 2 Hours 3 Hours 4 Hours 5 Hours

*You must provide a written description of how the time was spent related to the Data Security Incident.

Table with 11 rows and 1 column. Header: Description of How Lost Time was Spent

V. CREDIT MONITORING SERVICES

Check this box if you wish to enroll in Credit Monitoring Services at no cost to you for two years, which includes credit monitoring through IDX and \$1,000,000 in identity theft protection insurance.

VI. ALTERNATIVE CASH PAYMENT

Check this box if you wish to receive an Alternative Cash Payment of \$50. You cannot receive this payment if you make a claim for any of the benefits included above in Sections II – V (Ordinary Loss, Extraordinary Loss, Lost Time, or Credit Monitoring).

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VI. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a Settlement payment:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: ____-____-____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____-____-____ or Email Address: _____

Virtual Prepaid MasterCard - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided in Section I above.

VII. ATTESTATION & SIGNATURE

I swear and affirm that 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 Claims Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date

Submit by Mail:
AllCare Settlement
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164
Or
Electronically at:
www.AllCareSettlement.com