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**Must be postmarked or submitted online
NO LATER THAN
May 13, 2026**

**Apex Data Incident
Settlement Administrator
P.O. BOX 5880
Portland, OR 97228-5880
AGSDDataSettlement.com**

Apex Data Incident Claim Form

SETTLEMENT BENEFITS—WHAT YOU MAY GET

If you were a patient of Apex Global Solutions, Inc.'s customers whose Private Information was compromised in the Data Incident that occurred between June 18, 2024, and July 2, 2024, you may submit a Claim.

The easiest way to submit a Claim Form is online at AGSDDataSettlement.com, or you can print out, complete, and mail this entire Claim Form (with any required documentation) to the mailing address above.

**All Settlement Class Members are eligible to file a Claim for both
Medical Data Monitoring and Cash Payment for Documented Losses.**

You may submit a Claim for one or both of the following:

- 1. Medical Data Monitoring:** Use the Claim Form to request three years of free Medical Data Monitoring.
- 2. Cash Payment for Documented Losses:** If you incurred financial losses from fraud or identity theft that you believe is fairly traceable to the Data Incident, you can be reimbursed up to \$3,500.00. You must submit documents supporting your Claim.

More information about the Settlement Class Member Benefits above may be found in the Settlement Agreement which is located on the Settlement Website (AGSDDataSettlement.com).

Claim Forms must be submitted online or postmarked by May 13, 2026. Use the website address above for online Claims or the physical address above for mailed Claims.

The Settlement Administrator may contact you to request additional documentation to process your Claim.

Please note that Settlement Class Member Benefits will be distributed only after the Settlement is approved by the Court and becomes final.

If the Settlement is approved and your Claim for a Cash Payment is accepted, you will receive an email at the email address you provide below prompting you to select how you would like to be paid. You can receive your Cash Payment via a variety of digital options, or you can elect to receive a paper check.

If the Settlement is approved and you file a Valid Claim for Medical Data Monitoring, you will receive an email with a code and activation instructions at the email address you provide below.

If you want to submit a Claim Form online, go to AGSDDataSettlement.com. Otherwise, if you are going to submit your Claim Form by mail, please complete the section below.



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Your Information

We will use this information to contact you and process your Claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify the Settlement Administrator.

First Name:

MI:

Last Name:

Unique ID (As shown on the notice you received):

Mailing Address (Required):

City:

State:

ZIP:

Phone Number:

Email Address:



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Medical Data Monitoring

You may be eligible to receive free Medical Data Monitoring services.

You can elect to submit a Claim for Medical Data Monitoring. This benefit includes three years of CyEx Medical Shield Complete with one bureau of monitoring, with additional monitoring of (a) healthcare insurance plan IDs; (b) healthcare beneficiary identifier ID; (c) medical records; (d) national provider identifier; (e) international classification of disease; (f) health savings account; (g) high-risk transactions; and (h) the dark web. The product also provides for \$1,000,000 of identity theft insurance and contains real-time alerts and victim assistance.

Medical Data Monitoring: I want to receive free Medical Data Monitoring.

If you select Medical Data Monitoring, you will be sent instructions and an activation code after the Settlement is final to your email address or home address.

Cash Payment for Documented Losses: Money You Lost or Spent

If you incurred financial losses from fraud or identity theft that you believe are fairly traceable to the Data Incident and have not been reimbursed for that money, you may be entitled to receive reimbursement for up to \$3,500.00 if you provide the documentation or information requested herein and that documentation is verified.

It is important for you to send documents that show what happened and how much you lost or spent, so you can be reimbursed. Documentation must be mailed along with this Claim Form.

Cash Payment for Documented Losses: I have experienced a documented out-of-pocket loss related to fraud or identity theft as a result of the Apex Data Incident. I am providing the necessary information and documentation. I understand that if appropriate documentation is not provided, my claim may be denied.

To look up more details about Cash Payments for Documented Losses, visit **AGSDataSettlement.com** or call toll-free 1-877-748-9687. You will find more information about the types of losses that can be paid back to you, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment.

By filling out the boxes on the next page of this form, you are certifying that the money you spent does not relate to other data breaches.

You may make as many copies of the Claim Form pages as necessary to list all your expenses. If you need more space to list your losses, please submit additional pages of this Claim Form to provide that information.



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Loss Type	Approximate Date Loss	Amount of Loss
Costs for freezing or unfreezing your credit report on or after 6/18/2024 if related to fraud or identity theft and fairly traceable to the Data Incident	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="margin-left: 5px;">MM</div> <div style="margin-left: 20px;">DD</div> <div style="margin-left: 40px;">YYYY</div> </div>	\$ <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<p>Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident) <i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i></p> <hr/> <hr/> <hr/> <hr/> <hr/>		
Credit monitoring and identity theft protection purchased between 6/18/2024 and the date of your Claim submission, related to fraud or identity theft, and fairly traceable to the Data Incident	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="margin-left: 5px;">MM</div> <div style="margin-left: 20px;">DD</div> <div style="margin-left: 40px;">YYYY</div> </div>	\$ <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<p>Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident) <i>Examples: Receipts or statements for credit monitoring services</i></p> <hr/> <hr/> <hr/> <hr/> <hr/>		
Costs, expenses, and losses due to identity theft, fraud, or misuse of your Private Information on or after 6/18/2024 and you believe are fairly traceable to the Data Incident	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="margin-left: 5px;">MM</div> <div style="margin-left: 20px;">DD</div> <div style="margin-left: 40px;">YYYY</div> </div>	\$ <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<p>Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident) <i>Examples: Account statement with unauthorized charges highlighted, police reports, IRS documents, FTC Identity Theft Reports, letters refusing to refund fraudulent charges, credit monitoring services you purchased</i></p> <hr/> <hr/> <hr/> <hr/> <hr/>		



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Loss Type	Approximate Date Loss	Amount of Loss
Professional fees paid to address identity theft, fraud, or misuse of your Private Information on or after 6/18/2024 and you believe are fairly traceable to the Data Incident	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> MM DD YYYY </div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<p>Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident) <i>Examples: Receipts, bills, and invoices from accountants, lawyers, or others</i></p> <hr/> <hr/> <hr/> <hr/>		



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Signature

I affirm under the laws of the United States that the information I have supplied in this form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Print Name

Signature

Date: - -
MM DD YYYY