Your claim must be submitted online or postmarked by: November 19, 2026

Campbell et al. v. Mental Health Association, Inc.
Case No. 2579CV00419
Superior Court of Hampden County, Massachusetts

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: November 19, 2026

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: "All persons whose Private Information was accessible because of the Data Incident which occurred on or around November 28, 2024."

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge's family and staff; (2) MHA and its officers and directors; and (3) anyone who perpetrated the Data Incident.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS

MHA has agreed to pay or cause to be paid several different benefits. All Settlement Class Members may claim **FREE Credit Monitoring Services** and/or one or more of the **cash payment** options. The benefits are explained in more detail below.

CREDIT MONITORING SERVICES. All Class Members are eligible to enroll in three years of free credit monitoring through CyEx Identity Defense Complete. This comprehensive service comes with $1 million in identity theft insurance, and includes:

- real time monitoring of your credit file
- dark web scanning
- comprehensive public records monitoring

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

CASH PAYMENT OPTIONS

Alternate Cash Payment. *Instead of any other cash payment option*, you may claim a one-time **$40.00** cash payment. **You do not have to provide any proof or explanation to claim this $40.00 cash payment**.

Documented Out-of-Pocket Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you can claim reimbursement up to **$5,000.00**. The losses must have occurred between November 28, 2024, and November 19, 2026. You cannot claim this benefit if you select the Alternate Cash Payment.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

You need to send proof, like bank statements or receipts, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a valid claim. Your proof or notes should show that your expenses were because of the Data Incident.

You cannot claim a payment for expenses that have already been reimbursed by a third party.

Lost Time. Class Members who spent time responding to the Data Incident may claim up to three hours, at $25.00 per hour, for a maximum of **$75.00**. You cannot claim this benefit if you select the Alternate Cash Payment.

You must have spent the time on tasks related to the Data Incident. Some examples include things like:

- changing your passwords
- investigating suspicious activity in your accounts
- researching the Data Incident

You must briefly describe how you spent this time.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@MHADataSettlement.com
- Call toll free, 24/7: 1-844-496-0629
- By mail: MHA Data Incident Settlement
  c/o Settlement Administrator
  PO Box 25191
  Santa Ana, CA 92799-9958

THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIM FORM IS ONLINE AT www.MHADataSettlement.com

You may also print out and complete this Claim Form and submit it by U.S. mail.

An electronic image of the completed Claim Form can also be emailed to info@MHADataSettlement.com

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

Class Member First Name **MI**

Class Member Last Name

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City **State** **ZIP**

Telephone Number

- -

Email Address

LoginID (if known)

II. CREDIT MONITORING SERVICES

☐ Check this box if you would like to enroll in three years of **FREE** Credit Monitoring from CyEx Identity Defense Complete. An enrollment code will be sent to you via email after the Settlement is finally approved.

III. ALTERNATE CASH PAYMENT

☐ Check this box if you want to claim a one-time $40.00 cash payment.

DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING PAYMENTS FROM SECTION IV OR V.

IV. ORDINARY OUT-OF-POCKET LOSSES

☐ Check this box if you would like to claim reimbursement for documented out-of-pocket losses due to identity theft or fraud due to the Data Incident. You can get back up to $5,000.00.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	***Amount***
Example: Unauthorized bank transfer	*$500*
TOTAL CLAIMED:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

V. LOST TIME

If you spent time fixing problems caused by the Data Incident, please select how many hours (up to three) you spent. You must briefly describe how you spent this time **AND** check the "Lost Time Attestation" box, below.

I spent (select only **one**): ☐ 1 hour ($25.00) ☐ 2 hours ($50.00) ☐ 3 hours ($75.00)

Describe what you spent this time on:_____

_____

_____

_____

_____

Lost Time Attestation (REQUIRED)

☐ By checking this box I swear and affirm that I spent the amount of time noted in response to MHA's 2024 Data Incident.

VI. PAYMENT SELECTION

BY MAIL: If you submit this Claim Form by mail and your claim is approved, you will receive a paper mailed check to the address you provide on this form.

DIGITAL: If you submit a Claim Form electronically on the Settlement Website, www.MHADataSettlement.com, and do not submit a Claim Form by mail, you will have the option to select a digital payment via PayPal, Venmo, Virtual Prepaid Card, or Zelle. A digital payment option is only available on the website.

VII. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, including supporting documentation, 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 Settlement Administrator before my claim is considered complete and valid.

Signature

Date (MMDDYY)

Please print or type your name on the line above.