

**Must be postmarked or submitted online
NO LATER THAN JANUARY 26, 2026**

Gannon vs. W.P. Malone, Inc. dba AllCare Pharmacy
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
www.AllCareDataBreach.com

Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice that your personal information may have been compromised in the *Crystal Gannon, et al. vs W.P. Malone, Inc. d/b/a AllCare Pharmacy* data incident that took place on or about September 21, 2023, and if you did not opt out of the settlement, you may submit a claim.

The easiest way to submit a claim is online at www.AllCareDataBreach.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one or more of these benefits:

- **Credit Monitoring Services:** In addition to electing a Cash Payment, you may submit a claim for two (2) years of Credit Monitoring, including at least \$1,000,000.00 in identity theft protection insurance. Instructions for enrollment will be provided once the Settlement is finally approved.
- **Cash Payment Options:** If you select the Alternative Cash Payment, you may not claim a payment for Ordinary Losses, Lost Time or Extraordinary Losses.

Claims for Ordinary Losses: You may be eligible for reimbursement up to \$150 per person with supporting documentation showing that you incurred losses as a result of the Data Incident. You may be eligible for reimbursement of Lost Time for up to three (3) hours at \$25 per hour (for a total of \$75) for time remedying issues related to the Data Incident. Claims made for Lost Time must be combined with reimbursement for Ordinary Losses, subject to the \$150 aggregate individual cap referenced above.

Claims for Extraordinary Losses: You may be eligible for reimbursement up to \$1,000 per person if the extraordinary loss is (i) an actual, documented and unreimbursed monetary loss due to fraud or identity theft; (ii) fairly traceable to the Data Incident; (iii) occurred after September 21, 2023 and before the Claims Deadline; (iv) not already covered by one or more of the ordinary loss categories, and (v) you made reasonable efforts to avoid, or seek reimbursement for, the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

Alternative Cash Payment: As an alternative to filing a claim for Ordinary Losses, Lost Time, and Extraordinary Losses, you can elect to make a claim for a \$50.00 Alternative Cash Payment. To receive this benefit, you must submit a Valid Claim, but no documentation is required to make a claim. The amount of the Alternative Cash Payment will be decreased on a pro rata basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

Claims must be submitted online or mailed by January 26, 2026. Use the address at the top of this form for mailed claims.

For more information and complete instructions visit www.AllCareDataBreach.com.

Settlement benefits will be distributed after the Settlement is approved by the Court and final.

Your Information

This information will be used solely to contact you and to process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing AllCareDataBreach@cptgroup.com.

First Name

MI Last Name

Mailing Address

City

State

ZIP Code

Phone Number

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Email Address

CPT ID (Referenced on the notice mailed to you)

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Credit Monitoring Services

You can receive two (2) years of free credit monitoring services including at least \$1,000,000.00 in identity theft protection insurance. You can choose this option even if you also chose a Cash Payment.

Please check below to receive the Credit Monitoring Services benefit.

Receive 2 years of Credit Monitoring Services

Cash Payment

You can submit a claim for one of the following cash payments: Ordinary Losses including Lost Time **or** Extraordinary Losses **or** Alternative Cash Payment.

1. Ordinary Losses: You can receive reimbursement for up to \$150 total, including your claim for Lost Time if you lost or spent money trying to prevent or recover from fraud or identity theft that you believe is fairly traceable to the Data Incident and have not been reimbursed for that money.

Examples of ordinary losses include: out of pocket expenses incurred as a result of the Data Incident, including (without limitation) bank fees, long distance phone charges, cell phone charges (only charged by the minute), data charges (only if charged based on the amount of data used), postage, gasoline for local travel and fees for credit reports, credit monitoring, or other identity theft insurance products purchased between September 21, 2023, and the date of the Claims Deadline.

Examples of supporting documentation include (but are not limited to: (i) credit card statements; (ii) bank statements; (iii) invoices; (iv) telephone records; and (v) receipts. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source.

To obtain reimbursement under Ordinary Losses, you must provide the details below and attach supporting documentation.

Date	Description of Expense and Supporting Documents	Amount

ATTACH DOCUMENTS: Attach a copy of credit card statements, bank statements, invoices, telephone records, and receipts for each expense (you may redact unrelated transactions).

2. Lost Time: If you spent time dealing with issues related to the Data Incident, you may receive reimbursement of \$25 per hour up to three (3) hours (for a total of \$75). Claims made for Lost Time must be combined with reimbursement for Ordinary Losses, subject to the \$150 aggregate individual cap referenced above.

To obtain reimbursement under Lost Time, round up to the nearest hour and check only one box.

- 1 Hour
- 2 Hours
- 3 Hours

Date	Description of Lost Time spent dealing with issues related to the Data Incident

3. Extraordinary Losses: You can receive reimbursement for documented extraordinary losses for up to \$1,000 total that were incurred as a result of the Data Incident if: (i) the loss is an actual, documented, and unreimbursed monetary loss stemming from fraud or identity theft, (ii) the submitted documentation is not “self-prepared” by the claimant. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation, (iii) the loss from fraud or identity theft was more likely than not caused by the Data Incident, (iv) the loss was incurred after September 21, 2023 and before the Claims Deadline, (v) the loss is not already covered by the Ordinary Loss or Lost Time categories, and (vi) you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

To obtain reimbursement under Extraordinary Losses, you must provide the details below and attach supporting documentation.

Date	Description of Expense and Supporting Documents	Amount

ATTACH DOCUMENTS: Attach a copy of professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or identity theft for each expense (you may redact unrelated transactions).

4. Alternative Cash Payment: As an alternative to filing a claim for Ordinary Losses, Lost Time, and Extraordinary Losses, you can elect to make a claim for a \$50 Alternative Cash Payment.

Please check below to receive the \$50 Alternative Cash Payment.

I choose a cash payment of \$50 in the alternative to compensation for Ordinary Losses, Lost Time, and Extraordinary Losses.

How You Will Receive Your Payment

If you make a claim for a cash payment using this Claim Form, you will receive your payment by check. To receive an electronic payment, submit your claim online at www.AllCareDataBreach.com.

Signature

I attest under penalty of perjury that the information supplied in this Claim Form is 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 and valid.

Signature

Date: _____ - _____ - _____
MM DD YYYY

Print Name