

EHD Data Incident Settlement Administrator  
P.O. Box 301134  
Los Angeles, CA 90030-1134



**EGLO**

VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

*Lowery v. Egyptian Public and Mental Health Department*  
CIRCUIT COURT OF SALINE COUNTY, ILLINOIS

Case No. 2024LA10

**Must Be Postmarked  
No Later Than  
August 19, 2025**

**Claim Form for Data Incident Settlement**  
**GENERAL INSTRUCTIONS**

If you were notified that that your personal information, including your name, date of birth, Social Security number, driver's license number or other government-issued ID, financial account information, medical information, and insurance information was impacted as a result of the cyberattack on Egyptian Public and Mental Health Department's ("EHD") network systems, which occurred on or about December 21, 2023 ("Data Incident"), you are a member of the Settlement Class and are eligible to complete this Claim Form. EHD is an Illinois-based health and human services provider. If you are a Settlement Class Member, you are eligible to request 24 months of identity protection and credit monitoring service free of charge ("Credit Monitoring"), compensation for up to four hours of lost time at a rate of \$25.00 per hour ("Lost Time"), compensation for ordinary losses up to \$300.00, and compensation for extraordinary unreimbursed losses up to a total of \$5,000.00 ("Unreimbursed Losses"). As an alternative to making a claim for Unreimbursed Losses, Lost Time, and Credit Monitoring, you may elect to receive an Alternative Cash Payment, the amount of which will be determined based on the amount remaining in the Settlement Fund after the amounts in the Settlement Fund have been distributed in accordance with the Settlement Agreement.

Please read this Claim Form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at **www.ehddatasettlement.com** or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to: *EHD Data Incident Settlement Administrator*, P.O. Box 301134, Los Angeles, CA 90030-1134.

**I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

<input type="text"/>															<input type="text"/>			<input type="text"/>														
First Name															M.I.			Last Name														
<input type="text"/>																																
Primary Address																																
<input type="text"/>																																
Primary Address Continued																																
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City																				State					ZIP Code							
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Email Address																																
<input type="text"/>					<input type="text"/>					<input type="text"/>					<input type="text"/>					<input type="text"/>												
Area Code					Telephone Number																											

FOR CLAIMS PROCESSING ONLY	OB	<input type="text"/>	CB	<input type="text"/>	<input type="radio"/> DOC	<input type="radio"/> RED
					<input type="radio"/> LC	<input type="radio"/> A
					<input type="radio"/> REV	<input type="radio"/> B

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All members of the Settlement Class who submit a Valid Claim using this Claim Form and supporting documentation are eligible for reimbursement of documented out-of-pocket expenses that were incurred as a result of the Data Incident, so long as they did not select the Alternative Cash Payment above. Fill in the circle for each category of benefits you would like to claim.

### A. ORDINARY LOSSES

Expense Type and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
<input type="radio"/> Documented Bank Fees <i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/>
<input type="radio"/> Long-distance Phone Charges <i>Example: Phone bills with charges</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/>
<input type="radio"/> Cell Phone Charges (only if charged by the minute) <i>Examples: Phone bills with charges by the minute, internet usage charges if charged by the minute or by data usage, or text messages charged by the message</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/>
<input type="radio"/> Unreimbursed Credit Monitoring <i>Examples: Fees for credit reports, credit monitoring, and/or other identity theft insurance products purchased between December 21, 2023 and June 23, 2025</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/>
<input type="radio"/> Other Losses or Costs <i>Examples: Include, but not limited to, the cost of postage, gas for local travel or interest on payday loans due to card cancellation</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/>

If you are seeking reimbursement for fees, expenses, or charges, you **MUST** attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred. If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance products purchased between December 21, 2023 and August 19, 2025, you **MUST** attach a copy of a receipt or other proof of purchase for each credit report or product purchased.

*Examples: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e., police station, IRS office), indication of why you traveled there (i.e., police report or letter from IRS re: falsified tax return) and number of miles you traveled; receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.*

All ordinary losses must be more likely than not attributable to the Data Incident and must not have been previously reimbursed.

- ☐ I attest and affirm under penalty of perjury that to the best of my knowledge and belief any claimed ordinary losses have not been previously reimbursed and were incurred as a result of the Data Incident.

## B. EXTRAORDINARY LOSSES

Settlement Class Members who submit a Valid Claim using this Claim Form and supporting documentation are eligible for reimbursement of up to \$5,000.00 of extraordinary out-of-pocket expenses due to identity theft or other fraud resulting from the Data Incident, so long as you did not select the Alternative Cash Payment above.

**Extraordinary expenses MUST:** (1) be an actual, documented, unreimbursed monetary loss; (2) be more likely than not a result of the Data Incident; (3) not be covered by a claim for Ordinary Losses (Section A above); and (4) have been incurred despite reasonable efforts to avoid or be reimbursed for the loss (including exhaustion of all available credit monitoring insurance, identity theft insurance, and other available insurance).

Expense Type and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
<input type="radio"/> Professional Fees <i>Examples: Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical identity theft</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/>
<input type="radio"/> Other Extraordinary Losses <i>Please provide a detailed description or a separate document submitted with this Claim Form.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/>

**Documentation of extraordinary loss is required.** The documentation must show the full amount of the claimed loss. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

The loss must be more likely than not the result of the Data Incident and must not already be covered by the Ordinary Losses category.

- ☐ I attest and affirm under penalty of perjury that to the best of my knowledge and belief any claimed extraordinary losses were actual monetary losses incurred due to identity theft or fraud as a result of the Data Incident and are not covered by a claim for Ordinary Losses.

## VII. HOW YOU WILL RECEIVE YOUR PAYMENT

Approved claims for a cash payment submitted in this Claim Form will be paid by check. If you would like to receive your payment by a digital payment option, you must file a claim online at [www.ehddatasettlement.com](http://www.ehddatasettlement.com).

## VIII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

**Questions? Go to [www.ehddatasettlement.com](http://www.ehddatasettlement.com) or call 1-833-419-3894**