

**Your claim must
be submitted online
or postmarked by:
September 24, 2026**

CLAIM FORM

*Leo Woytach, et al v. Drug and Alcohol Treatment Services, Inc.,
Case No. 2025-CV-03681*
Court of Common Pleas of Lackawanna County, Pennsylvania

GENERAL INSTRUCTIONS

You are a Settlement Class Member if you were mailed notice by Drug and Alcohol Treatment Services, Inc. (“Defendant” or “DATS”) that your Protected Health Information may have been impacted in the Data Breach. You may submit a claim for settlement benefits, outlined below. You are eligible for monetary recovery in this settlement if you submit a valid and approved claim in the settlement of *Leo Woytach, et al v. Drug and Alcohol Treatment Services, Inc., Case No. 2025-CV-03681*. Please refer to the Long-Form Notice posted on the Settlement Website www.DATSDataBreachSettlement.com, for more information on submitting a Claim Form.

This Claim Form may also be 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:

DATS Settlement
c/o RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

You may submit a claim for the following benefits:

- 1) **Out-of-Pocket Expense Reimbursement (Cash Payment A):** Compensation from the Settlement Fund, up to a total of \$5,000.00 per Settlement Class Member, upon submission of a Valid Claim and supporting documentation, for out-of-pocket expenses incurred as a result of the Data Breach.
- 2) **Alternate Cash Payment (Cash Payment B):** As an alternative, all Settlement Class Members may elect to receive Cash Payment B without the need to document losses incurred as a result of the Data Breach. The amount will increase or decrease *pro rata* depending on the aggregate dollar amount of Valid Claims submitted.
- 3) **Medical Monitoring:** In addition to Cash Payment A or Cash Payment B, Settlement Class Members may also make a Claim for Medical Monitoring that will include one year of a medical identity theft protection through CyEx Medical Shield. The Medical Monitoring benefit will be available to Settlement Class Members regardless of whether they took advantage of any previous offering of credit monitoring from DATS.

Questions? Go to www.DATSDataBreachSettlement.com or call 1-866-742-4955

I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Claim payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. 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 Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address (*Required if requesting Medical Monitoring*):

@

Telephone Number: (_____) _____ - _____

III. PROOF OF DATA BREACH SETTLEMENT CLASS MEMBERSHIP

- Check this box to certify that you are an individual who was mailed notice by Defendant that your personal information was impacted in the Data Breach.

Enter the Settlement Class Member ID number provided on your Postcard Notice:

Settlement Class Member ID: _____

IV. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

Settlement Class Members may submit a claim for up to a total of \$5,000.00 of out-of-pocket expenses incurred as a direct result of the Data Breach. Out-of-Pocket Expenses may include, without limitation, the following:

- (i) unreimbursed bank fees;
- (ii) long distance phone charges;
- (iii) cell phone charges (only if charged by the minute);
- (iv) data charges (only if charged based on the amount of data used);
- (v) postage;
- (vi) gasoline for local travel; and
- (vii) fees for credit reports, credit monitoring, or other identity theft insurance products purchased by Settlement Class Members between October 2024 and the Claims Deadline.

You must submit documentation to obtain this reimbursement.

- Check this box if you wish to submit a claim for a Cash Payment for Out-of-Pocket Expense Reimbursement.** To receive a Cash Payment for Out-of-Pocket Expenses, a Settlement Class Member must attest, under penalty of perjury, to incurring documented losses. You are required to submit reasonable documentation supporting the expenses and demonstrating that the expenses are more likely than not related to the Data Breach.

Total amount for this category \$ _____ (not more than \$5,000)

Settlement Class Members with losses must submit documentation supporting their claims. This can include receipts or other documentation not “self-prepared” by the claimant that documents the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.

Supporting documentation must be provided. If a Settlement Class Member does not submit reasonable documentation supporting the expense, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure the Claim, the Claim will be rejected and the Settlement Class Member’s claim may be treated as if he or she elected an Alternate Cash Payment.

V. ALTERNATE CASH PAYMENT

Settlement Class Members may make a claim for an alternate cash payment without the need to document losses incurred as a result of the Data Breach. You cannot file a claim for Out-of-Pocket Expenses if you claim the Alternative Cash Payment.

- Yes, I request a Pro Rata Cash Payment.

VI. MEDICAL MONITORING

In addition to Cash Payment A or Cash Payment B, Settlement Class Members may also make a Claim for Medical Monitoring that will include one year of medical identity theft protection through CyEx Medical Shield. The Medical Monitoring benefit will be available to Settlement Class Members regardless of whether they took advantage of any previous offering of credit monitoring from DATS. Individuals who elected to utilize a previous offering of credit monitoring from DATS, or who obtained credit monitoring services from another provider as a result of the Data Breach, will be permitted to postpone activation of their Medical Monitoring benefit for up to twelve (12) months.

- Yes, I request Medical Monitoring.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the United States 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 Date

Print Name