

CLAIM FOR KEENAN DATA BREACH SETTLEMENT BENEFITS

Heath, et al. v. Keenan & Associates, No. 24STCV03018 (Los Angeles Cty., CA)

**USE THIS FORM TO MAKE A CLAIM FOR CREDIT MONITORING AND INSURANCE SERVICES AND FOR
EITHER (1) A DOCUMENTED LOSS PAYMENT OR
(2) A PRO RATA CASH FUND PAYMENT**

Para una notificación en Español, visitar nuestro sitio web www.keenanbreachsettlement.com

The DEADLINE to submit this Claim Form is: October 30, 2025.

I. WHAT YOU MAY GET - GENERAL INSTRUCTIONS

If you are a United States resident who was notified by Keenan that your Personally Identifying Information was or may have been affected in the Data Security Incident impacting Keenan, you are a Class Member.

As a Class Member, you are eligible to make a claim for **one** of the following Settlement Payment options:

1. A pro rata Cash Fund Payment (equal payment paid to all Participating Settlement Class Members who submit a timely and valid a Claim Form) to be paid for from the Net Settlement Fund, the amount of which will depend on the number of Class Members who participate in the Settlement and who elect CMIS or Documented Losses.

OR

2. Up to a \$10,000 cash payment for reimbursement of Documented Losses incurred on or after August 21, 2023 that are more likely than not traceable to the Data Security Incident and that have not otherwise been reimbursed through insurance. For this option, you **must** submit your Claim Form with an attestation regarding any actual and unreimbursed Documented Loss(es), as well as Reasonable Documentation showing that you actually incurred unreimbursed losses on or after August 21, 2023, that were more likely than not incurred as a result of the Data Security Incident. If you provide incomplete or inaccurate information, your claim may be denied.

In addition to the Cash Payment or Documented Loss Payment, all Class Members are also eligible to elect the Credit Monitoring and Insurance Services ("CMIS") Settlement Benefit. The CMIS Settlement Benefit will include the following services, among others: (i) up to \$1,000,000 of identity theft insurance coverage; and (ii) three years (i.e., 36 months) of three-bureau credit monitoring providing, among other things, notice of changes to the Participating Settlement Class Member's credit profile. All Settlement Class Members who submit a claim for a Settlement Payment will also be eligible to receive the CMIS Settlement Benefit and will receive an enrollment code that can be used to enroll in the service. If you elect CMIS and already maintain a credit monitoring service, you may elect to defer your enrollment in the CMIS for a period of 12 months for no additional charge.

Cash Settlement Payment amounts may be reduced or increased pro rata (equal share) depending on how many Class Members submit claims. Complete information about the Settlement and its benefits are available at www.keenanbreachsettlement.com.

This Claim Form must be submitted online at www.keenanbreachsettlement.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:

Heath v. Keenan & Associates
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
keenanbreachsettlement@cptgroup.com

Please note: the Settlement Administrator may contact you to request additional documents to process your claim. Your cash benefit may decrease depending on the number and amount of claims submitted.

Questions? Visit keenanbreachsettlement.com or call 1-(888)-764-4519

**THIS CLAIM FORM MUST BE SUBMITTED OR POSTMARKED BY OCTOBER 30, 2025 IN ORDER TO BE TIMELY
AND VALID**

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash Settlement Payments and CMIS, you must notify the Settlement Administrator in writing at the address above.

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FIRST NAME

LAST NAME

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STREET ADDRESS

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STREET ADDRESS 2

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CITY

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STATE

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ZIP CODE

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EMAIL ADDRESS

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PHONE NUMBER

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UNIQUE ID (Located on the notice mailed to you;
if known)

III. CREDIT MONITORING AND INSURANCE SERVICES

All Class Members are eligible to elect the CMIS Settlement Benefit.

☐ If you wish to receive CMIS, you must check off the box for this section. Submitting this Claim Form will not automatically enroll you into the CMIS Settlement Benefit. To enroll, you must follow the instructions sent to your email address after the Settlement is approved and becomes final (the "Effective Date").

IV. REQUEST FOR CASH PAYMENT OR REIMBURSEMENT

In addition to CMIS, you may select one of the following options:

☐ **Option 1. Cash Fund Payment.** If do not have Documented Losses or Reasonable Documentation to support Documented Losses resulting from the Data Security Incident, or otherwise prefer to receive a pro rata cash payment, select this option by checking off the box. You do not need to submit any additional documents if you are electing this category, so long as you provide your Unique ID Number that was provided on your mailed Notice. A check will be mailed to the address you provided in Section II, above, as long as the Net Settlement Fund is not depleted by the claims for CMIS and Documented Loss payments.

If you would like payment in a different form, for example, PayPal, Venmo or Direct Deposit, please file your Claim Form electronically through the Settlement Website at www.keenanbreachsettlement.com.

*If you select this option, you **cannot** also elect Option 2, Reimbursement for Documented Losses, below.*

☐ **Option 2. Reimbursement for Documented Losses.** Please check off the box for this section if you are electing to seek reimbursement of up to \$10,000 of Documented Losses you incurred that are more likely than not traceable to the Keenan Data Security Incident and have not otherwise been reimbursed. Documented Losses include unreimbursed losses and consequential expenses that are more likely than not related to the Data Security Incident and incurred on or after August 21, 2023.

IMPORTANT: If you selected **Option 2, above, Reimbursement for Documented Losses**, as your cash Settlement Payment option, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the

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Attestation at the end of this Claim Form; and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. To be valid and honored under the Settlement, Documented Losses must be deemed more likely than not traceable to the Keenan Data Security Incident by the Settlement Administrator based on the documentation you provide. **Failure to meet the requirements of this section may result in your claim for a Documented Loss reimbursement being rejected by the Settlement Administrator.** If you do not submit Reasonable Documentation supporting a Documented Loss Payment claim, or your claim for a Documented Loss Payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, *your claim will be considered for a Cash Fund Payment.*

If you are not requesting Reimbursement Documented Losses, stop here, and submit the filled-out form. For Reimbursement for Documented Losses, you must fill out the remainder of the form, and submit documentation supporting each claimed cost.

V. DOCUMENTED LOSSES		
Only fill this out if you selected Reimbursement for Documented Losses. You do not need to fill this table if you are requesting a Cash Fund Payment.		
Cost Type (Fill all that apply)	Approximate Amount and Date of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Professional fees incurred in connection with identity theft or falsified tax returns. <i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i>	\$ <div><div></div><div></div><div></div><div></div><div></div></div> • <div><div></div><div></div></div> <div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div> MM DD YYYY	<div></div> <div></div> <div></div> <div></div> <div></div>
Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing. <i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount.</i>	\$ <div><div></div><div></div><div></div><div></div><div></div></div> • <div><div></div><div></div></div> <div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div> MM DD YYYY	<div></div> <div></div> <div></div> <div></div> <div></div>
Credit freeze <i>Examples: Notices or account statements reflecting payment for a credit freeze.</i>	\$ <div><div></div><div></div><div></div><div></div><div></div></div> • <div><div></div><div></div></div> <div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div> MM DD YYYY	<div></div> <div></div> <div></div> <div></div> <div></div>
Credit monitoring that was ordered after August 21, 2023 through the date on which the Credit Monitoring and Insurance Services become available through this Settlement. <i>Example: Receipts or account statements reflecting purchases made for Credit Monitoring and Insurance Services.</i>	\$ <div><div></div><div></div><div></div><div></div><div></div></div> • <div><div></div><div></div></div> <div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div> MM DD YYYY	<div></div> <div></div> <div></div> <div></div> <div></div>

<p>Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges</p> <p><i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (e.g., police station, IRS office), indication of why you traveled there (e.g., police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Keenan Data Breach.</i></p>	<div>\$<div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div>MM<div>-</div><div><div></div><div></div></div>DD<div>-</div><div><div></div><div></div><div></div><div></div></div>YYYY</div>	<div></div> <div></div> <div></div> <div></div>
<p>Other (provide detailed description)</p> <p><i>Please provide detailed description in the space to the right or in a separate document submitted with this Claim Form.</i></p>	<div>\$<div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div>MM<div>-</div><div><div></div><div></div></div>DD<div>-</div><div><div></div><div></div><div></div><div></div></div>YYYY</div>	<div></div> <div></div> <div></div> <div></div>

Attestation (Required for Documented Loss Payment Claims Only)

I, _____, declare that I suffered the Documented Losses claimed above.
[Name]

I also attest that the Documented Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of California and of the United States of America that the foregoing is true and correct.

Executed on _____, in _____, _____.
[Date] [City] [State]

Signature

Date:

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