

**Must be postmarked or submitted online NO LATER THAN September 9, 2026**

*Hunley v. Pineland Community Service Board*  
c/o CPT Group, Inc.  
PO Box 19504  
Irvine, CA 92623  
www.PinelandSettlement.com

***Hunley v. Pineland Community Service Board, Case No. SUCV2025000251;  
Green v. Pineland Community Service Board, Case No SUCV2025000254***

**GENERAL INFORMATION**

If you received Notice of this Settlement, the Settlement Administrator identified you as a potential member of the Settlement Class because you were identified by Pineland Community Service Board (“Defendant”) that your Private Information may have been impacted in the Data Incident that took place from November 2024 to January 2025, involving the Defendant and resulting in the potential unauthorized access to or acquisition of Settlement Class members’ Private Information. The Private Information involved includes some combination of Settlement Class information including, but not limited to some combination of names, dates of birth, Social Security numbers, medical billing information, medical treatment information, dates of service, diagnosis information, medical record information, and guardian information.

You may submit a Claim Form for Settlement Class Member Benefits, outlined below, by visiting the Settlement Website at [www.PinelandSettlement.com](http://www.PinelandSettlement.com). **Claims must be submitted online or mailed by September 9, 2026. If you would prefer to submit by mail, please use the address at the top of this form.**

**SETTLEMENT BENEFITS – WHAT YOU MAY GET**

**You may submit a Claim for one of the Cash Payment options:**

1. **Cash Payment A – Documented Losses:** You may submit a Claim Form and provide reasonable documentation for losses related to the Data Incident for up to \$5,000 per Settlement Class Member. Supporting documentation is required.  
**OR**
2. **Cash Payment B – Alternate Cash:** Instead of Cash Payment A, without providing documentation, you may submit a Claim Form to receive a *pro rata* (a legal term meaning equal share) cash payment in the estimated amount of \$75.

The actual amount of your Cash Payment (A or B) will be determined based on the amount remaining in the Net Settlement Fund, if any, after the payment of Settlement Administration Costs, any attorneys’ fees and costs awarded by the Court, Service Awards to the Class Representatives approved by the Court, and Credit and Medical/Healthcare Data Monitoring costs. The amount may increase or decrease equally based upon the total value of all Valid Claims received.

**AND**

**Credit and Medical/Healthcare Data Monitoring:** In addition to Cash Payment A (Documented Losses) *or* Cash Payment B (Alternate Cash), you may also submit a Claim Form to receive two years of free Credit and Medical/Healthcare Data Monitoring.

\* \* \*

*Please note: the Settlement Administrator may contact you to request additional documents to process your Claim Form.*

For more information and complete instructions visit [www.PinelandSettlement.com](http://www.PinelandSettlement.com)

**Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes final.**

## Contact Information

### 1. NAME (REQUIRED):

First Name

MI

Last Name

### 2. MAILING ADDRESS (REQUIRED):

Street Address

Apt. No.

City

State

ZIP Code

### 3. PHONE NUMBER:

 -  - 

### 4. EMAIL ADDRESS:

### 5. CPT ID:

## Medical Data Monitoring

*You may be eligible to receive free Medical Data Monitoring services.*

All Settlement Class Members are eligible for Credit and Medical/Healthcare Data Monitoring services. The Credit and Medical/Healthcare Data Monitoring will provide the following benefits: credit bureau monitoring services and \$1 million in identity theft insurance coverage.

*Please select the checkbox if you want the Credit and Medical/Healthcare Data Monitoring services for which you are eligible.*

**Credit and Medical/Healthcare Data Monitoring services:** I want to receive two (2) free years of Credit and Medical/Healthcare Data Monitoring services at the email entered in the above section.

*If you select this option, you will be sent instructions and an activation code to your provided email address or home address after the Settlement is final. Enrollment in this service will not subject you to marketing for additional services or any required payments.*

## Cash Payment A – Documented Losses

If you lost or spent money relating to the Data Incident and have not been reimbursed for that loss/expense, you can receive reimbursement for up to \$5,000 total. Eligible losses include those incurred in or after November 24, 2024, up to the date of filing your Claim Form.

It is important for you to send reasonable documents that show what happened and how much you lost or spent so that you can be reimbursed. “Self-prepared” documents like handwritten receipts, personal certifications, declarations, or affidavits prepared by you are insufficient for reimbursement but can be used to add clarity, context, or support for other submitted reasonable documentation.

If your submission does not include reasonable documentation supporting a loss or if the Claim for Cash Payment A is rejected by the Settlement Administrator, the claim will be converted to Cash Payment B – Alternative Cash.

To look up more details about how the Cash Payments work, visit [www.PinelandSettlement.com](http://www.PinelandSettlement.com), email [PinelandSettlement@cptgroup.com](mailto:PinelandSettlement@cptgroup.com) or call toll-free 1-888-524-4835. Please also review the Long Form Notice on the Settlement Website, which provides examples of what documents you need to attach and the types of expenses that can be claimed. *By filling out the boxes below, you are certifying that the money you spent does not relate to other data incidents or breaches.*

Expense Type and Examples of Documents	Amount 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)
Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft.  <i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</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"/>  Date: <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/> <hr/>
Other losses or costs resulting from identity theft or fraud (provide detailed description) related to the Data Incident.  <i>Examples: Account statement with unauthorized charges circled; bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased</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"/>  Date: <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/> <hr/>
Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, or professional fees related to the Data Incident.  <i>Examples: Phone bills, receipts, detailed list of addresses you traveled to (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</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"/>  Date: <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/> <hr/>

Questions? Go to [www.PinelandSettlement.com](http://www.PinelandSettlement.com), email [PinelandSettlement@cptgroup.com](mailto:PinelandSettlement@cptgroup.com), or call 1-888-524-4835

### Cash Payment B -- Alternate Cash

Instead of Cash Payment A, without providing documentation, you may elect to receive an Alternate Cash payment, estimated to be approximately \$75. Your Alternate Cash payment may be subject to a *pro rata* (a legal term meaning equal share) adjustment based upon the total value of all Valid Claims and other approved Settlement Fund deductions.

By checking this box, I affirm I want to receive an Alternate Cash payment under Cash Payment B.

### PAYMENT SELECTION

In the event your claim is valid, and you qualify to receive a monetary payment, a check will be mailed to the address you provided. If you prefer to receive an electronic payment, submit your Claim Form online at [www.PinelandSettlement.com](http://www.PinelandSettlement.com).

### Signature

I affirm under the laws of the State of Georgia and the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my Claim are 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.

Signature

Date:   -   -      
MM DD YYYY

Print Name