

CLAIM FORM

McKittrick et al. v. Allwell Behavioral Health Services, Case No. CH2022-0174
Court of Common Pleas - Muskingum County, Ohio

**SUBMIT BY OCTOBER 11, 2023
ONLINE, EMAIL OR MAIL TO:**

Allwell Data Settlement
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164

Email: AllwellDataSettlement@atticusadmin.com
Website: www.AllwellDataSettlement.com

GENERAL CLAIM FORM INFORMATION

This Claim Form should be filled out online or submitted by mail if your Private Information was potentially compromised through Allwell’s March 2022 Data Breach and your Private Information potentially was maintained on Defendant Allwell’s system (“Settlement Class”).

If you wish to submit a Claim Form by mail, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked **no later than October 11, 2023**.

Claimant Information

Claimant ID: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Monetary Compensation

Cash Payment: Would you like to receive a cash payment under the Settlement? (**circle one**)

Yes No

** the \$50 cash payments may be increased *pro rata* to the extent there are funds remaining in the Settlement Fund after all claims are submitted.

