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**Your claim must be submitted online or postmarked by: Monday, July 14, 2025**

**CLAIM FORM FOR THRIVING MIND DATA INCIDENT LITIGATION**

**THRIVINGMIND-C**

*In re Thriving Mind Data Breach Litigation*  
Case No. 2024-010316-CA-01  
Circuit Court of the Eleventh Judicial Circuit in and for Miami Dade County, Florida

**CLAIM FORM INSTRUCTIONS**

You have been identified as a Settlement Class Member who may have received a notice from Defendant that your Private Information may have been impacted by the Data Incident that occurred between August 1, 2023, and August 3, 2023. You may submit a Claim for a Settlement Class Member Benefit, outlined below.

Please refer to the Notice posted on the Settlement Website, [www.SFBHNDDataIncident.com](http://www.SFBHNDDataIncident.com), for more information on submitting a Claim Form and if you part of the Settlement Class.

**To receive a Settlement Class Member Benefit from this Settlement via an electronic payment, you must submit the Claim Form electronically at [www.SFBHNDDataIncident.com](http://www.SFBHNDDataIncident.com) by Monday, July 14, 2025. Settlement Class Members who submit Valid Claims by physical mail will receive their Cash Payment via paper check.**

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:

Settlement Administrator – 83144  
c/o Kroll Settlement Administration LLC  
PO Box 225391  
New York, NY 10150-5391

Cash Payments will be adjusted up or down depending on the amount of Valid Claims. Any increases or decreases to Cash Payments will be on a *pro rata*, or equal basis. **You may submit a Claim for one of the following benefits:**

- 1) **Cash Payment A – Documented Losses:** Settlement Class Members may submit a Claim for a Cash Payment for up to \$5,000 per Settlement Class Member that includes reasonable documentation supporting the losses related to the Data Incident, upon submission of a Valid Claim and supporting documentation, for unreimbursed ordinary and/or extraordinary economic losses incurred as a result of the Data Incident; **OR**
- 2) **Cash Payment B – Flat Cash:** As an alternative to Cash Payment A – Documented Losses above, a Settlement Class Member may elect to receive Cash Payment B – Flat Cash, which is a flat Cash Payment in an estimated amount of \$100.

**In addition to a Cash Payment, Settlement Class Members may select the following:**

- 3) **Credit Monitoring:** Settlement Class Members may elect up to one year of Credit Monitoring with three credit bureaus. Credit Monitoring has a value of \$90 per year per Settlement Class Member.

**Questions? Go to [www.SFBHNDDataIncident.com](http://www.SFBHNDDataIncident.com) or call (833) 876-5219.**



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**I. PAYMENT SELECTION**

If you would like to elect to receive your Cash 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. Settlement Class Members who submit Valid Claims by physical mail will receive their Cash Payment via paper check.

**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:

\_\_\_\_\_  
Telephone Number (optional): ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP**

Check this box to certify if you are a living individual residing in the United States who was sent a notice by Defendant that your Private Information may have been impacted in the Data Incident, between August 1, 2023 and August 3, 2023.

Enter the Class Member ID provided on your Notice:

Class Member ID: **8 3 1 4 4** \_\_\_\_\_

Questions? Go to [www.SFBHNDDataIncident.com](http://www.SFBHNDDataIncident.com) or call (833) 876-5219.



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#### IV. CASH PAYMENT A – DOCUMENTED LOSSES

Settlement Class Members are eligible for compensation of up to \$5,000 for documented losses incurred as a result of the Data Incident.

Settlement Class Members will be required to submit reasonable documentation supporting the losses. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the identity protection and credit monitoring services offered as part of the notification letter provided by Defendant or otherwise.

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

**You must have documented losses incurred as a result of the Data Incident and submit documentation to obtain this benefit.**

I have attached documentation showing that the documented losses were more likely than not caused by the Data Incident. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

<b>Cost Type</b> <i>(Fill all that apply)</i>	<b>Approximate Date of Loss</b>	<b>Amount of Loss</b>	<b>Description of Supporting Reasonable Documentation</b> <i>(Identify what you are attaching and why)</i>
Example: Identity Theft Protection Service	07/17/2024	\$50.00	Copy of identity theft protection service bill
	___/___/___ <i>(mm/dd/yyyy)</i>	\$____.____	
	___/___/___ <i>(mm/dd/yyyy)</i>	\$____.____	
	___/___/___ <i>(mm/dd/yyyy)</i>	\$____.____	

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**V. CASH PAYMENT B – FLAT CASH**

By checking the below box, I choose an estimated \$100 *pro rata*, or equal share, Cash Payment. **Do not submit a Claim for Cash Payment A – Documented Losses.**

Yes, I choose an estimated \$100 Cash Payment instead of the documented losses above.

**VI. CREDIT MONITORING**

Check the box below if you wish to receive, in addition to electing compensation for Cash Payment A or Cash Payment B, one year of Credit Monitoring with three credit bureaus. **You may also select Cash Payment A or Cash Payment B.**

Please send me enrollment instructions to the email address provided in section II above for 1-year of three-bureau Credit Monitoring.

**VII. 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 Date

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

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