

Henderson, et al. v. Reventics, LLC, et al.
District Court, Arapahoe County, State of Colorado
Case No. 2025CV30456

CLAIM FORM

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT
WWW.REVENTICSDATASETTLEMENT.COM OR POSTMARKED NO LATER THAN
JULY 25, 2025.**

Address: Henderson, et al. v. Reventics, LLC, c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606
Email: ReventicsDataSettlement@cptgroup.com

ATTENTION: Use this Claim Form to apply for relief related to the Data Security Incident that Defendant Reventics, LLC (“Reventics”) discovered in December 2022. Reventics and OMH Healthedge Holdings, Inc., d/b/a Omega Healthcare (“Defendants”) mailed and published notice of the Data Security Incident to Class Members starting in February 2023.

To submit a Claim, you must have been identified as a potential Settlement Class Member from Defendants’ business records and received Notice of this Settlement with a **unique CPT ID**.

You may apply to be reimbursed for your Documented Losses, up to \$5,000.00. **PLEASE BE ADVISED** that any documentation you provide must be submitted **WITH** this Claim Form. In the alternative to seeking reimbursement for your Documented Losses, you may make a claim for a cash payment of \$100, subject to a *pro rata* adjustment.

CLAIM VERIFICATION: All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

ASSISTANCE: If you have questions about this Claim Form, please visit the Settlement website at www.reventicsdatasettlement.com for additional information or call 1-888-497-9649.

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.

REGISTRATION

First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address:		
<input type="text"/>		
City:	State:	ZIP Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number:		
<input type="text"/> – <input type="text"/> – <input type="text"/>		
Email Address:		
<input type="text"/>		

Please provide the CPT ID identified in the notice that was mailed to you:

Instructions. Please follow the instructions below and answer the questions as instructed.

CLAIM INFORMATION

Section I. Confirm Your Eligibility

Did you receive a unique Claim Number indicating that you may be a member of the Settlement Class?

☐ Yes ☐ No

If yes, continue to the next question. If no, you are not a member of the Settlement Class and do not qualify to file a Claim.

Did you suffer any financial expenses or other financial losses that you believe was as a result of the Data Security Incident remedying the issues related to the Data Security Incident? For example, did you sign up and pay for a credit monitoring service, or hire and pay for a professional service to remedy any issues related to your personal information as a direct result of or attributed to the Data Security Incident?

☐ Yes ☐ No

*If yes, you may be eligible to fill out **Section 2** of this form and provide corroborating documentation.*

Section II. Cash Payment A: Reimbursement for Documented Losses

If you suffered verifiable financial losses that are reasonably traceable to the Data Security Incident, you may be eligible to receive a payment to compensate you for the losses and inconveniences suffered that are fairly traceable to the Data Security Incident.

If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit** proof of your losses and the dollar amount of those losses, you will be eligible to receive a payment compensating you for your documented losses of up to **\$5,000.00**. Examples of what can be used to prove your losses include: receipts, account statements, etc. You may also prove losses by submitting information in the claim form that describes efforts spent remedying suspected identity theft, fraud, or misuse of personal information and/or other issues reasonably traceable to the Data Security Incident. Examples of what can be used to account for your losses related to remedying issues related to the Data Security Incident include: documents related to monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc.

Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your Claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

Payment for your losses will be paid directly to you electronically unless you request to be paid by check as indicated below.

For each loss that you believe can be traced to the Data Security Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide ALL this information for this Claim to be processed.** Supporting documents must be submitted electronically. Please do so as part of this Claim Form at **www.reventicsdatasettlement.com** and provide the additional information required below. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny Your Claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at **www.reventicsdatasettlement.com**. With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendants in this action. Please do not directly communicate with Defendants regarding this matter. All inquiries are to be sent to the Claims Administrator.

Examples of such losses include payments for identity theft protection or credit monitoring you made which are reasonably traceable to the Data Security Incident, financial losses due to stolen identity traceable to the Data Security Incident, etc. These are only examples and do not represent a complete list of losses eligible for compensation. Please provide a description of any loss that you claim was the result of the Data Security Incident.

Examples of documentation include receipts for identity theft protection services, etc.

Example: Identity Theft Protection Service	0 7 - 1 7 - 2 4 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 3 - 3 1 - 2 4 MM DD YY	\$25.00	Copy of the professional services bill
	MM - DD - YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	MM - DD - YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
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	MM - DD - YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
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	MM - DD - YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	MM - DD - YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
	MM - DD - YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

Section III. Cash Payment B: Flat Cash Payment

In the alternative to compensation for Documented Losses, Settlement Class Members may make a claim for a cash payment of one hundred dollars (\$100.00). This payment is subject to *pro rata* adjustment.

By checking the below box, I choose a cash payment of \$100.00 in the alternative to compensation for Documented Losses.

☐ **Yes, I choose a cash payment of \$100.00 in the alternative to compensation for Documented Losses.**

Section IV. Payment

If your claim is approved and you qualify for a monetary payment, a physical check will be mailed to the address provided on page 1. To receive a digital payment instead, please submit your Claim Form online at www.reventicsdatasettlement.com.

Section V. Settlement Class Member Affirmation

By submitting this Claim Form and checking the box below, I declare that I received notification from Defendants that I have been identified as a potential Settlement Class Member. To the extent that I have submitted claims of losses due to the Data Security Incident, I declare that I suffered these losses.

I understand that my Claim and the information provided above will be subject to verification.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

☐ **Yes, I understand that my failure to check this box may render my Claim null and void.**

Please include your name in both the Signature and Printed Name fields below.

Signature:

Date:

MM

–

DD

–

YY

Printed Name:

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