

Exhibit D

Claims Administrator – XXXXX
 Kroll Settlement Administration LLC
 P.O. Box XXXXXXX
 New York, NY 10150-XXXX

U.S. POSTAGE PAID
 CITY, ST
 PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION SETTLEMENT

**Records indicate your
 Private Information may
 have been impacted by a
 Data Breach on or about
 September 18, 2024. You
 may be eligible for benefits
 from a class action
 settlement.**

[www.\[website\].com](http://www.[website].com)

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<Zip4>>

<<Country>>

A Settlement has been reached with Regional Care, Inc. (the “Defendant” or “RCI”) in a class action lawsuit called *In Re: Regional Care Data Security Incident Litigation*, Case No. 4:24CV3236. The Litigation is about a data breach on or about September 18, 2024 (the “Incident”). During the Incident, unauthorized actors gained access to RCI’s computer systems and accessed, compromised, and/or took files that contained Private Information. The Plaintiffs allege claims of negligence, breach of contract, breach of implied contract, and failure to provide adequate notice, among others. The Defendant denies all allegations and any wrongdoing.

Am I included? The Defendant’s records identify you as a Settlement Class Member. The Settlement Class consists of all persons RCI identified as being among those individuals impacted by the Incident, including all who were sent a notice of the Incident.

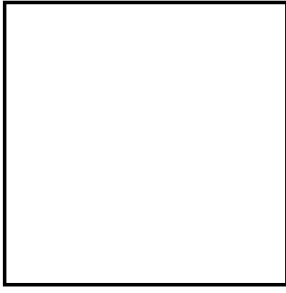
What does the Settlement provide? If approved by the Court, RCI will pay \$2,600,000 into a Settlement Fund to resolve the Litigation. The Settlement Fund will provide Settlement benefits to Settlement Class Members, including reimbursement of up to \$5,000 per individual for documented losses, *pro rata* (proportional) cash payments, and credit monitoring services as well as Administrative Costs, Service Awards, and Attorneys’ Fees and Expenses.

How do I get Settlement benefits? You must file a Claim Form online at [www.\[website\].com](http://www.[website].com) or by mail to the address on the Claim Form postmarked by **Month XX, 2026**. The Claim Form is available on the settlement website or by calling (XXX) XXX-XXXX.

What are my other options? If you do nothing, you will not receive any Settlement benefits, you will remain a member of the Settlement Class, and you will give up your rights to sue the Defendant for the claims resolved by this Settlement. If you do not want any Settlement benefits, but you want to keep your right to sue the Defendant for the claims resolved by this Settlement you must exclude yourself from the Settlement Class (called “opting out”). If you do not opt out, you may object to the Settlement and ask the Court for permission to speak at the Final Approval Hearing. The Opt-Out Deadline and Objection Deadline is **Month XX, 2026**.

The Court’s Final Approval Hearing. The Court will hold a hearing on **Month XX, 2026** to decide whether to approve the Settlement, Settlement Class Counsel’s request for Attorneys’ Fees and Expenses Award of up to \$866,666, plus reimbursement of reasonable costs and expenses, and the \$2,500 Service Award to each of the Representative Plaintiffs who brought this Litigation on behalf of the Settlement Class. You or your lawyer may attend the hearing at your own expense.

For more information or to update your address: Visit [www.\[website\].com](http://www.[website].com) for complete details about the Settlement and instructions on how to act on your rights and options. You may also call (XXX) XXX-XXXX for more information.



Claims Administrator – XXXXX
c/o Kroll Settlement Administration LLC
P.O. Box XXXXXXX
New York, NY 10150-XXXXX

<<Barcode>>

Class Member ID: <<Refnum>>

POSTCARD CLAIM FORM

Claim Forms must be postmarked or submitted online no later than **Month XX, 2026**. To receive payment electronically or to file a claim for a **Documented Losses Payment**, you **MUST** submit a Claim Form online or use the full Claim Form available on the settlement website.

Class Member ID: <<refnum>>

<<firstname>> <<mi>> <<lastname>>

<<address1>> <<address2>> <<City>> ,

<<State>> <<Zip>>

If different from the preprinted data on the left, please print your correct address information.

Address

City

State

Zip Code

Check the box next to the benefit(s) you are claiming:

You may claim both a Pro Rata Cash Payment and Credit Monitoring Services.

☐ **Pro Rata Cash Payment:** I want to receive a *pro rata* (proportional) cash payment, estimated at **\$XX.***

*The amount of the Pro Rata Cash Payments will be increased or decreased on a *pro rata* basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

☐ **Credit Monitoring Services:** I want to receive two (2) years of One Bureau Credit Monitoring Services. If you submit a timely and valid claim, you will receive an activation code for the Credit Monitoring Services after the Court grants final approval of the Settlement.

By signing below, I swear and affirm under the laws of the United States and under penalty of perjury that the information supplied in this Claim Form is true and correct to the best of my knowledge or recollection:

Signature:

Date (MM/DD/YYYY):