

Exhibit D

Settlement Administrator - XXXXXXXe
c/o Kroll Settlement Administration LLC
PO Box XXXX
New York, NY 10150-XXXX

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION
SETTLEMENT

If you received this Notice, you have been identified as someone eligible for Settlement benefits under a class action Settlement regarding a Data Breach.

www.XXXXXXXXXXXXXXXXXX.com

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>

<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<zip4>>

<<Country>>

What is this Litigation about?

The Litigation is *Lucisbel Cruz-Bermudez and Helmut Becker v. Henry Schein, Inc.*, Case No. 2:24-cv-00387-BCM, where Defendant in September 2023, suffered a data breach impacting certain company systems (the “Data Breach”). You are a Class Member if you are an individual whose Personal Information may have been compromised as a result of the Data Breach.

What are the Settlement benefits and terms? Class Members who file an Approved Claim may receive reimbursement for Out-of-Pocket Losses and/or a Cash Fund Payment.

What are your rights and options?

Submit a Claim Form. To qualify for Settlement benefits, you must timely mail a Claim Form that is attached to this Notice or timely complete and submit a Claim Form online at www.xxxxxxxxxxxxxxxxxx.com. Your Claim Form must be postmarked or submitted online no later than the Claims Deadline of [<<Claims Deadline>>](#).

Opt-Out. You may exclude yourself from the Settlement and retain your ability to sue Defendant on your own by mailing to the Settlement Administrator a request to opt-out of the Settlement. The request must be postmarked no later than [<<Opt-Out Deadline>>](#). If you do not exclude yourself, you will be bound by the Settlement and give up your right to sue regarding the Released Claims.

Object. If you do not exclude yourself, you have the right to object to the Settlement. Written objections must be signed and submitted by mail, postmarked no later than [<<Objection Deadline >>](#). You may also appear at the Final Approval Hearing. Further instructions can be found on the Long Form Notice and in the Settlement Agreement located on the Settlement Website www.xxxxxxxxxxxxxxxxxx.com.

Do Nothing. If you do nothing, you will not receive a reimbursement from the Settlement and will lose the right to sue regarding the Released Claims. You will be bound by the Court’s decision because this is a conditionally certified class action.

Attend the Final Approval Hearing. The Court will hold a Final Approval Hearing at [<<time>> on <<Date>>](#), to determine if the Settlement is fair, reasonable, and adequate. All persons who timely object to the Settlement may appear at the Final Approval Hearing.

Who are the attorneys for the Class Representatives and the proposed Class? The Court appointed Gary M. Klinger of Milberg Coleman Bryson Phillips Grossman, PLLC, and Raina Borrelli of Strauss Borrelli, PLLC to represent the Class. If you want to be represented by your own lawyer, you may hire one at your own expense.

Do I have any obligation to pay attorneys’ fees or expenses? No. The attorneys’ fees, costs and expenses (“Fee Award and Expenses”) will be paid exclusively from the Settlement as awarded and approved by the Court. The requested Fee and Expense Award will be in an amount of [\\$X,XXX,XXX](#) plus reasonable expenses incurred. The Fee and Expense Application by Class Counsel will be posted on the Settlement Website after it is filed with the Court.

What is the amount of the Class Representatives Service Awards? The Plaintiffs, or “Class Representatives” will seek Service Awards of up to \$5,000 each for their time, effort and service to the Class in this matter.

Where may I locate a copy of the Settlement Agreement, learn more about the case, update my contact information or learn more about submitting a claim?
www.xxxxxxxxxxxxxxxxxx.com

This Notice is a summary of the proposed Settlement.

**Postage
Required**

Settlement Administrator - XXXXXX
c/o Kroll Settlement Administration LLC
PO Box XXXX
New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

CLAIM FORM

Claims must be postmarked no later than the Claims Deadline of <<Claims Deadline>>.

You MUST submit a Claim Form online to make a claim for Out-of-Pocket Losses no later than <<Claims Deadline>>.

If different than the preprinted data on the left, please print your correct information:

<<firstname>> <<lastname>>
<<company>>
<<address1>> <<address2>>
<<City>>, <<State>> <<Zip>>
<<Country>>

First Name	MI	Last Name
Address		
City	State	ZipCode

1. **Cash Fund Payment:** Yes, I choose a *pro rata* cash payment estimated to be \$50 (circle one) Yes No

Circle 'yes' above if you choose an estimated \$XX *pro rata* cash payment. If you select this benefit, you may also claim reimbursement for Out-of-Pocket Losses. In order to file claims for those forms of relief, please visit <<www.xxxxxxxxxxxxxx.com>> or scan the QR code above.

By signing my name below, 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: _____ Dated: ____/____/____