

Exhibit D

Williamson v. Healthcare Services Group, Inc.
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5931

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

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION
SETTLEMENT

**You are eligible for
benefits from a class
action settlement
regarding the
Healthcare Services
Group, Inc. (“HCSG”)
Data Incident.**

www.HealthcareServicesGroupSettlement.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 Healthcare Services Group, Inc. (the “Defendant” or “HCSG”) in a class action lawsuit about a cybersecurity incident (the “Data Incident”) that occurred on or around September 27, 2024, that potentially exposed the personally identifiable information (“Private Information”) of consumers. This Private Information includes names, Social Security numbers, driver’s license numbers, state identification numbers, financial account details, full access credentials, and medical and health insurance information. HCSG denies any and all wrongdoing.

Am I included? You are receiving this Notice because HCSG’s records show you are included in the Settlement Class. The Settlement Class consists of all living persons in the U.S. who were sent a notice from HCSG regarding potential impact from the Data Incident or were otherwise determined to have potentially had their Private Information impacted by the Data Incident.

What does the Settlement provide? If approved by the Court, the Defendant will pay \$3,000,000 to resolve the Litigation. After deducting Claims Administration Expenses, court-approved attorneys’ fee, costs, and expenses, and Service Awards, the balance will be used to provide Settlement Class Benefits. Settlement Class Members may file a Claim Form to receive both (i) a payment of up to \$5,000 for unreimbursed Documented Monetary Losses or (ii) a Pro Rata Cash Payment. Payment amounts may be adjusted based on the number of Valid Claims submitted. Settlement Class Members may also choose to receive three (3) years of Credit Monitoring.

How do I get Settlement Class Benefits? You must file a Claim Form online at www.HealthcareServicesGroupSettlement.com or by mail postmarked by **Month XX, 2026**, to receive Settlement Class Benefits. Claim Forms are also 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 Class Benefits, you will remain a Settlement Class Member, and you will give up your rights to sue HCSG for the claims resolved by this Settlement. If you do not want any Settlement Class Benefits, but you want to keep your right to sue HCSG 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 Fairness Hearing. The Opt-Out and Objection Deadline is **Month XX, 2026**.

The Court’s Final Fairness Hearing. The Court will hold a hearing on **Month XX, 2026**, to decide whether to approve the Settlement and up to \$1,000,000 in attorneys’ fees, plus reimbursement reasonable litigation expenses, and a \$2,500 Service Award to each of the four Class Representatives. You or your lawyer may attend the hearing at your own expense.

For more information or to update your address: Visit www.HealthcareServicesGroupSettlement.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** or email XXXXX.com for more information.



Williamson, et al. v. Healthcare Services Group, Inc.
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<<Barcode>>

Class Member ID: <<Refnum>>

POSTCARD CLAIM FORMClaim Forms must be postmarked no later than **Month XX, 2026**.**Documented Monetary Losses:** You MUST submit a Claim Form online or use the full Claim Form available on the Settlement Website to make a claim for Documented Monetary Losses.

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 mailing address information.

Address

City

State

Zip Code

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

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

 Credit Monitoring: I want to receive three (3) years of Credit Monitoring (must provide an email address below). **Pro Rata Cash Payment:** I want to receive a *pro rata* (proportional) cash payment.*

*Payment amount to be determined after all costs, fees, and awards have been paid and all Valid Claims are submitted.

Select one of the following payment options to receive your payment: PayPal Venmo Zelle ACH Check**Required for electronic payment: Mobile Number:** _____ **or Email:** _____

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

Signature:**Date (MM/DD/YYYY):**