

NOTICE OF CLASS CERTIFICATION

This Notice is being provided by the United States District Court for the Western District of Kentucky, Louisville Division. It is not a solicitation from a lawyer.

A lawsuit is pending in the United States District Court for the Western District of Kentucky, Louisville Division (the “Court”) against Pharm-Save, Inc. d/b/a Neil Medical Group (“Pharm-Save”). The lawsuit claims that Pharm-Save is liable for the disclosure of employee W-2 forms for the tax year 2015 to unknown criminal actors engaged in a phishing scheme on March 3, 2016, and that liability is based on claims of negligence and breach of implied contract. Those claims are disputed by Pharm-Save.

On March 31, 2025, the Court certified the following defined class of plaintiffs (the “Class”) to pursue common claims against Pharm-Save in this Class Action which seeks recovery for the Class of certain damages:

All persons who ... were the victims of the Pharm-Save data security breach that occurred on or about March 3, 2016, wherein their sensitive and personal data was compromised, and who suffered an actual, present injury or who otherwise incurred cost or lost time mitigating the risk of future harm.

If you wish to become a member of the Class, you must complete the attached Declaration and return it NO LATER THAN May 15, 2026. If you become a member of the Class, you will be permitted to share in any recovery that may occur in the Class Action. You will be bound by the Court rulings in this case and by any Class judgment. You will not be able to pursue your own claims against Pharm-Save regarding the issues in this case. Class members may retain their own lawyer to represent them and enter an appearance if they so desire.

If you choose to opt-out of the Class, you will not be entitled to any recovery that may occur in this Class Action, but you will be free to pursue your own individual claims against Pharm-Save at your own cost. However, you will be subject to any defenses Pharm-Save has to your claims. If you wish to opt-out of the Class, the Court will exclude you if you mail a written notice postmarked no later than May 15, 2026 which must include your name, address and signature and a statement that you “wish to opt-out of the Class in Case No. 3:17-CV-186-CHB.”

If you fail to respond by completing the Declaration or if you affirmatively opt-out of consideration, you will be excluded from membership in the class.

All completed Declarations or Opt-Out Notices must be sent to the following law firm appointed to represent the Class:

Herzfeld, Suetholz, Gastel, Leniski and Wall, PLLC
Attn: Peter Jannace
515 Park Avenue
Louisville, KY 40208
Peter@hsglawgroup.com
Toll-Free (833) 447-4529

DECLARATION

I, _____ (PRINT NAME), provide answers under the penalty of perjury as follows:

1. To your knowledge, was a tax return filed fraudulently by someone using your name and Social Security Number after the March 3, 2016 data breach?

YES NO

2. If the answer to Question No. 1 was YES, did you expend any time or money to correct the fraud?

YES NO

3. If the answer to Question No. 2 was "YES", please provide on the reverse side the details regarding any time or money expended to correct the fraudulently filed tax return.

4. Did you enroll in the two years of free Experian Identity Theft Coverage provided by Neil Medical Group in 2016?

YES NO

5. Did you incur costs or lost time mitigating the risk of future harm that you believe are related to the March 3, 2016 data breach?

YES NO

6. If your Answer to Question 5 was "YES," please provide on the reverse side the details of the costs or lost time you incurred mitigating the risk of future harm.

7. Did you suffer an actual monetary or economic loss that you believe is related to the March 3, 2016 data breach, which may include, but is not limited to, a loss of your tax refund after the filing of a fraudulent tax return?

YES NO

8. If your Answer to Question 7 was "YES", please provide on the reverse side, the details regarding the actual monetary or economic loss.

I declare under penalty of perjury that the foregoing (and any attached statement) is true and correct.

[Signature]

[Print Name]

Date

If you answered "YES" to Question No. 2, please describe the details and attach any supporting documentation:

If you answered "YES" to Question No. 5, please describe the details and attach any supporting documentation:

If you answered "YES" to Question No. 7, please describe the details and attach any supporting documentation: