DaVita Ransomware Settlement
Settlement Administrator
PO Box 2943
Portland, OR 97208-2943

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Court-Approved Legal Notice

If your Personal Information was potentially accessed without authorization in the Ransomware Attack involving DaVita, Inc. in April 2025, you may be entitled to benefits from a Settlement.

A Court has authorized this notice.

*This is **not** a solicitation from a lawyer.*

This notice is a summary. Learn more about the Settlement at DVACyberattackSettlement.com, or by calling toll-free 1-877-239-8791.

<<MAILID>>
<<NAME1>>
<<NAME2>>
<<ADDRESS1>>
<<ADDRESS2>>
<<ADDRESS3>>
<<ADDRESS4>>
<<ADDRESS5>>
<<CITY, STATE ZIPCODE>>
<<COUNTRY>>

A settlement not to exceed $15 million has been reached in a putative class action lawsuit against DaVita, Inc. ("DaVita" or "Defendant") regarding a criminal Ransomware Attack perpetrated against Defendant in April 2025 and resulting in the potential unauthorized access of Settlement Class Members' Personal Information.

Who is Included? Records show you are a member of the Settlement Class, defined as: all U.S. persons whose Personal Information was potentially accessed without authorization in the Ransomware Attack.

What does the Settlement Provide? Settlement Class Members may claim any or all of the following benefits: (i) a Pro Rata Cash Payment currently estimated to be $50; (ii) 3 years of one-bureau credit monitoring and identity theft restoration services; and (iii) up to $2,500 in reimbursement for documented out-of-pocket losses.

You must file a Claim Form to receive payment or other benefits. For Pro Rata Cash Payments and Credit Monitoring, you may use the attached tear off claim sheet. For Documented Out-of-Pocket Losses, you must submit a Claim Form, which can be filed online or downloaded at DVACyberattackSettlement.com to fill out and mail. You may also call 1-877-239-8791 and ask that a Claim Form be mailed to you. The claim deadline is **January 19, 2027.**

Other Options. If you do not want to be legally bound by the Settlement, you must submit a request for exclusion (or "opt out"), **postmarked** by **December 21, 2026**, to the Settlement Administrator. If you do not opt out, you will give up the right to sue and will release the Defendant and Released Parties for the legal claims and Released Claims in this lawsuit. If you do not opt out, you may, by **December 21, 2026**, object to the Settlement and/or the request Plaintiffs will make for attorneys' fees, costs, expenses and service awards. The Long Form Notice on the Settlement Website explains how to opt out or object. If you do nothing, you will get no Settlement benefits, and you will be bound by the Settlement, the releases, and any judgments and orders in the litigation.

The Court will hold a Final Approval Hearing on **February 18, 2027**, to consider whether to approve the Settlement and Class Counsel's request for attorneys' fees, costs, expenses, and service awards. The Court will also address any objections that are timely filed. You or your lawyer may attend and speak at the hearing if you object and submit the required information, but you are not required to do so.

Unique ID: <<Col17>> PIN: <<Col18>>

<<MailID>>

CLAIM FORM FOR PRO RATA CASH PAYMENT AND CREDIT MONITORING

Claims must be postmarked or submitted online no later than January 19, 2027.

Contact Information (Please fill in completely.)

<<Name1>>

Telephone Number: ___ – ___ – ____

Address:

City: State: ZIP Code:

Email Address

Compensation for Documented Out-Of-Pocket Losses: You can receive payment of up to $2,500.00 for actual, unreimbursed, Documented Out-of-Pocket Losses fairly traceable to the Ransomware Attack. Because you must submit supporting documentation to be compensated for these types of monetary losses, **you must submit a separate Claim Form online or by mail to claim Documented Out-of-Pocket Losses.**

In addition to compensation for Documented Out-of-Pocket Losses, you may select **any or all** of the following:

☐ **Pro Rata Cash Payment:** I wish to claim a Pro Rata Cash Payment, estimated to be $50. I understand this amount may increase or decrease depending on, among other things, the number of valid claims filed.

☐ **Credit Monitoring:** I wish to claim three (3) years of three-bureau credit monitoring.

You will receive email(s) at the address you filled in above in order to select your form of electronic payment or check, and to receive your credit monitoring enrollment code.

By signing my name, I swear and affirm I am completing this Claim Form to the best of my personal knowledge.

Signature: _____ Date ___ – ___ – ____

MM DD YYYY

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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY ADDRESSEE

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SETTLEMENT ADMINISTRATOR
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