

Secure Processing Center 25 Route 111, P.O. Box 1048 Smithtown, NY 11787

Postal Endorsement Line
<<Full Name>>
<<Address 1>>
<<Address 2>>
<<Address 3>>
<<City>>, <<State>> <<Zip>>>
<<Country>>
***Postal IMB Barcode

<<Date>>

<<Variable Data 3>>

Dear <<Full Name>>,

We are writing to inform you of a recent incident experienced by Community Healthcare Network, Inc. ("CHN") which may have involved your information as outlined below. We take this incident very seriously and are providing you information about the incident, our response, and steps you can take to protect your information out of an abundance of caution.

<u>What Happened?</u> On October 1, 2023, we experienced a network disruption that affected our ability to access certain systems. Upon discovery, we immediately took steps to secure our network and engaged third-party specialists to assist in an investigation into the nature and scope of the incident. Our investigation determined that certain information was acquired by an unauthorized individual and immediately conducted a thorough, time intensive review to identify the impacted information and to whom it relates. On June 21, 2024, this review was completed, and we worked to confirm up-to-date contact information to provide you with this notice.

<u>What Information Was Involved?</u> The information potentially impacted during the incident may have included your name in combination with the following data elements: << Data Elements>><< Variable Data 1>>>><< Variable Data 2>>>. Please note that we have no evidence of misuse of this information but are notifying you out of an abundance of caution.

What We Are Doing. In response to this incident, we immediately took steps to secure our environment and undertook a thorough investigation. We have also implemented additional technical safeguards to further enhance the security of information in our possession. Additionally, we are providing you access to <<CM Duration>> months of credit monitoring and identity protection services at no cost to you.

<u>What You Can Do.</u> We recommend that you remain vigilant against incidents of identity theft and fraud by reviewing your credit reports, account statements, and explanation of benefits forms for suspicious activity and to detect errors. If you discover any suspicious or unusual activity on your accounts, please promptly contact the financial institution or company. You may also enroll in the credit monitoring and identity protection services we are making available to you. Instructions about how to enroll in these services and additional resources available to you are included in the enclosed *Steps You Can Take to Protect Your Information*.

<u>For More Information</u>: Should you have any questions or concerns regarding this incident, please contact our dedicated assistance line at 877-881-0623 Monday through Friday from 9:00 am to 9:00 pm Eastern (excluding major U.S. holidays).

Sincerely,

Community Healthcare Network

STEPS YOU CAN TAKE TO HELP PROTECT YOUR INFORMATION

To enroll in Identity Defense Complete:

- 1. Visit app.identitydefense.com/enrollment/activate/chn
- 2. Enter your unique Activation Code: <<Activation Code>>
- 3. Click 'Redeem Code'
- 4. Follow the prompts to create your account

The deadline to enroll is << Enrollment Deadline>>. After << Enrollment Deadline>>, the enrollment process will close, and your Medical Shield code will no longer be active. If you do not enroll by << Enrollment Deadline>>, you will not be able to take advantage of Identity Defense, so please enroll before the deadline.

If you need assistance with the enrollment process or have questions regarding Identity Defense, please call Identity Defense directly at 1.866.622.9303.

Once enrolled, you will have access to the following services for a period of <<CM Duration>> months¹:

- 1-Bureau Credit Monitoring
- Monthly Credit Score and Tracker (VantageScore 3.0)
- Real-Time Authentication Alerts
- High-Risk Transaction Monitoring
- Address Change Monitoring
- Dark Web Monitoring
- Wallet Protection
- Security Freeze Assist
- \$1 Million Identity Theft Insurance**

Monitor Your Accounts

We encourage you to remain vigilant against incidents of identity theft and fraud by reviewing your credit reports, account statements, and explanation of benefits forms for suspicious activity and to detect errors. Under U.S. law, you are entitled to one free credit report annually from each of the three major credit reporting bureaus, TransUnion, Experian, and Equifax. To order your free credit report, visit www.annualcreditreport.com or call 1-877-322-8228. Once you receive your credit report, review it for discrepancies and identify any accounts you did not open or inquiries from creditors that you did not authorize. If you have questions or notice incorrect information, contact the credit reporting bureau.

You have the right to place an initial or extended fraud alert on a credit file at no cost. An initial fraud alert is a one-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert lasting seven years. Should you wish to place a fraud alert, please contact any of the three credit reporting bureaus listed below.

^{*}Service Term begins on the date of enrollment, provided that the enrollment takes place during the approved enrollment period.

^{**}Identity Theft Insurance is underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions, and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

As an alternative to a fraud alert, you have the right to place a credit freeze on a credit report, which will prohibit a credit bureau from releasing information in the credit report without your express authorization. The credit freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a credit freeze may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. Pursuant to federal law, you cannot be charged to place or lift a credit freeze on your credit report. To request a credit freeze, you will need to provide the following information:

- 1. Full name (including middle initial as well as Jr., Sr., III, etc.);
- 2. Social Security number;
- 3. Date of birth:
- 4. Address for the prior two to five years;
- 5. Proof of current address, such as a current utility or telephone bill;
- 6. A legible photocopy of a government-issued identification card (e.g., state driver's license or identification card); and
- 7. A copy of either the police report, investigative report, or complaint to a law enforcement agency concerning identity theft, if you are a victim of identity theft.

Should you wish to place a fraud alert or credit freeze, please contact the three major credit reporting bureaus listed below:

TransUnion	Experian	Equifax
1-800-680-7289	1-888-397-3742	1-888-298-0045
www.transunion.com	www.experian.com	www.equifax.com
TransUnion Fraud Alert	Experian Fraud Alert	Equifax Fraud Alert
P.O. Box 2000	P.O. Box 9554	P.O. Box 105069
Chester, PA 19016-2000	Allen, TX 75013	Atlanta, GA 30348-5069
TransUnion Credit Freeze	Experian Credit Freeze	Equifax Credit Freeze
P.O. Box 160	P.O. Box 9554	P.O. Box 105788
Woodlyn, PA 19094	Allen, TX 75013	Atlanta, GA 30348-5788

Additional Information

You can further educate yourself regarding identity theft, fraud alerts, credit freezes, and the steps you can take to protect your personal information by contacting the credit reporting bureaus, the Federal Trade Commission (FTC), or your state Attorney General. The FTC also encourages those who discover that their information has been misused to file a complaint with them. The FTC may be reached at 600 Pennsylvania Ave. NW, Washington, D.C. 20580; www.identitytheft.gov; 1-877-ID-THEFT (1-877-438-4338); and TTY: 1-866-653-4261.

You have the right to file a police report if you ever experience identity theft or fraud. Please note that in order to file a report with law enforcement for identity theft, you will likely need to provide some proof that you have been a victim. Instances of known or suspected identity theft should also be reported to law enforcement, your state Attorney General, and the FTC.

For Maryland residents, the Maryland Attorney General may be contacted at 200 St. Paul Place, 16th Floor, Baltimore, MD 21202; 1-888-743-0023; and https://www.marylandattorneygeneral.gov. Community Health Network, Inc. may be contacted at 60 Madison Ave, 5th Floor, New York, NY 10010.

For New Mexico residents, you have rights pursuant to the Fair Credit Reporting Act, such as the right to be told if information in your credit file has been used against you, the right to know what is in your credit file, the right to ask for your credit score, and the right to dispute incomplete or inaccurate information. Further, pursuant to the Fair Credit Reporting Act: (i) the consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information; (ii) the consumer reporting agencies may not report outdated negative information; (iii) access to your file is limited; (iv) you must give consent for credit reports to be provided to employers; (v) you may limit "prescreened" offers of credit and insurance you get based on information in your credit report; (vi) and you may seek damages from violators. You may have additional rights under the Fair Credit Reporting Act not summarized here. Identity theft victims and active-duty military personnel have specific additional rights pursuant to the Fair Credit Reporting Act. We encourage you to review your rights pursuant to the Fair Credit Reporting Act by visiting:

https://files.consumerfinance.gov/f/201504_cfpb_summary_your-rights-under-fcra.pdf, or by writing Consumer Response Center, Room 130-A, FTC, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

For New York residents, the New York Attorney General may be contacted at Office of the Attorney General, The Capitol, Albany, NY 12224-0341; 1-800-771-7755; or https://ag.ny.gov.

For North Carolina residents, the North Carolina Attorney General may be contacted at 9001 Mail Service Center, Raleigh, NC 27699-9001; 1-877-566-7226 or 1-919-716-6000; and www.ncdoj.gov.

For Rhode Island residents, the Rhode Island Attorney General may be contacted at 150 South Main Street, Providence, RI 02903; 1-401-274-4400; and www.riag.ri.gov. Under Rhode Island law, you have the right to obtain any police report filed in regard to this incident. There are <<RI Count>> Rhode Island residents impacted by this incident.

For Washington, D.C. residents, the District of Columbia Attorney General may be contacted at 400 6th Street NW, Washington, D.C. 20001; 202-442-9828, and https://oag.dc.gov/consumer-protection. Community Health Network, Inc. may be contacted at 60 Madison Ave, 5th Floor, New York, NY 10010.