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SAMPLE A. SAMPLE - L01



APT ABC

123 ANY ST

ANYTOWN, US 12345-6789



February 12, 2026

**Re: Important Security Notification. Please read this entire letter.**

Dear Sample A. Sample:

We are writing to inform you of a recent incident involving your personally identifiable information (“PII”) and/or protected health information (“PHI”). This notice is being sent on behalf of your health plan (NTT Health Plan, the “Plan”). The incident involved a system used by one of our business associates, Quantum Health, which supports care coordination and healthcare navigation services for the Plan.

**What Happened**

On December 29, 2025, the business associate notified the Plan that an inadvertent disclosure of PII and/or PHI occurred between December 15, 2025, and December 29, 2025. Specifically, a claims report was inadvertently disclosed in connection with this incident.

Upon learning of the incident, the business associate took immediate steps to secure the information and began an investigation. Based on the investigation to date, we have no evidence your information was misused or further disclosed.

**What Information Was Involved**

Based on the investigation, the report may have contained certain of the following types of information: your name, address, Social Security number, member identification number, and certain claim information. You are receiving this correspondence because your name was listed on the report, along with one or more of these data elements.

**What We Are Doing in Response**

Protecting your information is a top priority. After learning of this incident, the Plan worked closely with the business associate to address the issue. The business associate confirmed with the recipient that the report was deleted, and no information was further disclosed.

Further, in response to this incident, the business associate implemented and continues to implement additional administrative, technical, and other safeguards, including enhanced training, to reduce the risk of a similar incident occurring in the future.

## What You Can Do In Response

Although we are not aware of any misuse of your information, we recommend that you remain vigilant by reviewing explanation of benefits statements and healthcare bills for services you do not recognize, and by monitoring your credit reports and financial accounts for suspicious activity. Monitoring your credit can help you identify any unauthorized activity.

To help protect your identity, we are offering complimentary access to Experian IdentityWorks<sup>SM</sup> for 24 months.

If you believe there was fraudulent use of your information as a result of this incident and would like to discuss how you may be able to resolve those issues, please reach out to an Experian agent. If, after discussing your situation with an agent, it is determined that identity restoration support is needed then an Experian Identity Restoration agent is available to work with you to investigate and resolve each incident of fraud that occurred from the date of the incident (including, as appropriate, helping you with contacting credit grantors to dispute charges and close accounts; assisting you in placing a freeze on your credit file with the three major credit bureaus; and assisting you with contacting government agencies to help restore your identity to its proper condition).

Please note that Identity Restoration is available to you for 24 months from the date of this letter and does not require any action on your part at this time. The Terms and Conditions for this offer are located at [www.ExperianIDWorks.com/restoration](http://www.ExperianIDWorks.com/restoration).

While identity restoration assistance is immediately available to you, we also encourage you to activate the fraud detection tools available through Experian IdentityWorks as a complimentary 24-month membership. This product provides you with superior identity detection and resolution of identity theft. To start monitoring your personal information, please follow the steps below:

- Ensure that you **enroll by** May 31, 2026 (Your code will not work after this date.)
- **Visit** the Experian IdentityWorks website to enroll: <http://www.experianidworks.com/3bcredit>
- Provide your **activation code**: ABCDEFGHI

If you have questions about the product, need assistance with Identity Restoration that arose as a result of this incident or would like an alternative to enrolling in Experian IdentityWorks online, please contact Experian's customer care team at 1-833-918-6595 by May 31, 2026. Be prepared to provide engagement number [Engagement Number] as proof of eligibility for the Identity Restoration services by Experian.

## ADDITIONAL DETAILS REGARDING YOUR 24-MONTH EXPERIAN IDENTITYWORKS MEMBERSHIP

A credit card is not required for enrollment in Experian IdentityWorks. You can contact Experian immediately regarding any fraud issues, and have access to the following features once you enroll in Experian IdentityWorks:

- **Experian credit report at signup:** See what information is associated with your credit file. Daily credit reports are available for online members only.\*
- **Credit Monitoring:** Actively monitors Experian, Equifax, and Transunion files for indicators of fraud.
- **Identity Restoration:** Identity Restoration specialists are immediately available to help you address credit and non-credit related fraud.
- **Experian IdentityWorks ExtendCARE™:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.
- **\$1 Million Identity Theft Insurance\*\*:** Provides coverage for certain costs and unauthorized electronic fund transfers.

### Your Rights Under Massachusetts Law

Under Massachusetts law, you have the right to obtain a police report if you believe you are a victim of identity theft. You may also place a security freeze on your credit file at no cost. A security freeze prohibits a consumer reporting agency from releasing information from your credit report without your express authorization.

To place a security freeze, you must contact each of the three major consumer reporting agencies listed below and provide the following information:

- Your full name (including middle initial and suffix, if applicable)
- Your Social Security number
- Your date of birth
- Current and former addresses
- A copy of a government-issued identification card
- Proof of current address (such as a utility bill or bank statement)

There is no fee to place, temporarily lift, or permanently remove a security freeze.

\* Offline members will be eligible to call for additional reports quarterly after enrolling.

\*\* The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

## Consumer Reporting Agencies

<b>Equifax Information Services LLC</b> P.O. Box 105788 Atlanta, GA 30348 1-800-525-6285 www.equifax.com	<b>Experian Information Solutions, Inc.</b> P.O. Box 9554 Allen, TX 75013 1-888-397-3742 www.experian.com	<b>TransUnion LLC</b> P.O. Box 2000 Chester, PA 19016 1-800-680-7289 www.transunion.com
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You may also obtain information from the Federal Trade Commission (FTC) about identity theft and steps you can take to protect yourself by visiting [www.identitytheft.gov](http://www.identitytheft.gov) or calling 1-877-438-4338.

You are entitled to one free credit report annually from each of the three major consumer reporting agencies by visiting [www.annualcreditreport.com](http://www.annualcreditreport.com) or calling 1-877-322-8228.

### For More Information

We understand that this incident may be concerning, and we sincerely regret that it occurred. If you have further questions or concerns, or would like an alternative to enrolling online, please call Experian's customer care team toll-free at 1-833-918-6595, Monday through Friday from 8 am - 8 pm Central (excluding major U.S. holidays). Experian representatives will be able to answer questions regarding this incident, including what happened, what information was involved, and the steps being taken in response. Support for questions will be available through May 31, 2026. Be prepared to provide your engagement number [Engagement Number].

Sincerely,

*Catherine J. Rische*

Catherine J. Rische  
Quantum Health Privacy Officer

*This notice was prepared and sent by Quantum Health on behalf of NTT Health Plan.*