

Must be postmarked or submitted on-line NO LATER THAN September 30, 2024 Settlement Administrator – 83045 c/o Kroll Settlement Administration LLC P.O. Box 5324 New York, NY 10150-5324 www.MCGDataSettlement.com

For Office Use Only

If you would like to elect to receive your Settlement benefit through electronic transfer, please visit the Settlement Website and timely file your Claim Form. Valid claims submitted using a paper Claim Form will be paid by check.

#### **Your Information**

This information will be used to contact you and process your Claim Form. It will not be used for any other purpose. If any of the following information changes, you must promptly provide your updated information by mail to Settlement Administrator - 83045, c/o Kroll Settlement Administration LLC, P.O. Box 5324, New York, NY 10150-5324.

First Name

M.I. Last Name

Mailing Address, Line 1			
Mailing Address, Line 2			
City	State	Zip Code	Zip4 (optional)
(			
( ) Evening Phone Number			
Email Address:		@	









## **Documented Ordinary Losses**

You can receive reimbursement for up to \$1,500 for documented unreimbursed out-of-pocket expenses fairly traceable to the Data Incident. You must attach documents to your Claim Form that show what happened and how much you lost or spent so that you can be repaid and provide a description of how the claimed loss is reasonably related to the Data Incident, if not readily apparent from the documentation. This may include receipts or other documentation. "Self-prepared" documentation such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident)
Unreimbursed Bank Fees  Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees	\$ MM	
Long Distance Phone Charges Example: Phone bills with charges	\$	
Unreimbursed Credit Card Fees  Examples: Credit card statement	\$ 	
Unreimbursed Credit Monitoring  Examples: Costs of credit report(s), credit monitoring, and/or other identity theft insurance products purchased	\$ 	
Other Losses or Costs Resulting from Identity Theft or Fraud  Examples: Including, but not limited to, the cost of postage, gas for local travel or interest on payday loans due to card cancellation	\$ 	









### **Documented Extraordinary Losses**

You can receive reimbursement for up to \$10,000 for documented unreimbursed Extraordinary Losses incurred as a result of the Data Incident if: (1) the loss is an actual, documented, and unreimbursed monetary loss; (2) the loss was more likely than not caused by the Data Incident; (3) the loss occurred between February 25, 2020 and September 30, 2024 (Claims Deadline); (4) the loss is not already covered by one or more of the out-of-pocket reimbursement categories; and (5) you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhausting all available credit monitoring insurance and identity theft insurance. To receive reimbursement for any documented Extraordinary Loss, you must attach documents to your Claim Form that show what happened and how much you lost or spent so that you can be repaid and provide a description of how the loss is fairly traceable to the Data Incident, if not readily apparent from the documentation. This may include receipts or other documentation. "Self-prepared" documentation such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident)
Extraordinary Losses Examples: Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical identity theft	\$ 	
Other Extraordinary Losses  Please provide a detailed description or a separate document submitted with this Claim Form.	\$	

# **Credit Monitoring**

Alternative Cash Payment			
☐ I would like to be enrolled in three years of credit monitoring.			
You may elect to receive three years of free three-bureau credit monitoring offered by Kroll Credit Monitoring.			

If you do not want to claim reimbursement for Ordinary Losses or Extraordinary Losses, you may instead claim a prorata (a legal term meaning equal share) payment from the Net Settlement Fund after all costs associated with the settlement have been paid. If all costs and payments exceed the Settlement Fund amount, this option could result in no payment.

I would like to claim a pro-rata Alternative Cash Payment.









I affirm under the laws of the United States that the information supplied in this Claim Form is true and correct to the best of my knowledge, and any documents I submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is complete.

Print Name:					
Signature:					
Date:	/	/			





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