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BENEFIT SELECTION

You may select 1) Credit Monitoring AND 2) compensation for Lost Time and compensation for Unreimbursed Economic Losses OR an Alternative Cash Payment.

1. CREDIT MONITORING:

If you wish to receive Credit Monitoring Services, check the box below, provide your email address in the space provided above, sign, and return this Claim Form. Submitting this Claim Form will not automatically enroll you in Credit Monitoring Services. To enroll, you must follow the instructions that will be sent to you using the email address you provided above after the settlement is approved and becomes Final (the "Effective Date").

I would like to receive Credit Monitoring Services. I have provided my email address above.

2. COMPENSATION FOR MONETARY LOSSES OR ALTERNATIVE CASH PAYMENT:

In addition to claiming the Credit Monitoring, you may choose to claim either the monetary benefits offered below OR an Alternative Cash Payment. You may only choose either Category A or Category B.

A. Monetary Losses

Compensation for Lost Time: If you wish to receive compensation for Lost Time, indicate the total number of hours spent remedying issues related to the data security Incident, check the box below, sign, and return this Claim Form. You may claim up to 5 hours payable at a rate of \$20/per hour. Lost Time claimed shall be subject to the \$500 cap on Ordinary Losses below.

Total # Hours: _____

I swear and affirm that I spent the amount of time noted in response to the Crystal Bay data security Incident.

Documented Ordinary Losses

All members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$500 per member of the Settlement Class, that were incurred as a result of the data security Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss																
<input type="radio"/> Out-of-pocket expenses incurred as a result of the data security Incident, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	<div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>(mm/dd/yy)</p> </div>		/		/			<div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">\$</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>	\$.			
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<p>Examples of Supporting Third Party Documentation: Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses. Please note that these examples of reimbursable documented out-of-pocket losses are not meant to be exhaustive, but exemplary. You may make claims for any documented out-of-pocket losses that you believe are reasonably related to the Data Breach or to mitigating the effects of the data security Incident.</p>																		



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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance products purchased between June 1, 2022 through the close of the claims period June 4, 2024.	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
Examples of Supporting Documentation: Receipts or account statements reflecting purchases made for Credit Monitoring or identity theft insurance services.		
<input type="radio"/> Compensation for proven monetary loss, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the data security Incident.	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
Examples of Supporting Documentation: Invoices or statements reflecting payments made for professional fees/services.		

Documented Extraordinary Losses

All members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented** Extraordinary Loss expenses, not to exceed \$10,000 per member of the Settlement Class, that were incurred as a result of the data security Incident. Generally, an Extraordinary Loss expense is unreimbursed financial loss as the direct result of financial fraud or stolen identity.

An Extraordinary Loss must meet the following criteria: (i) The loss is an actual, documented, and unreimbursed monetary loss arising from fraud or misuse; (ii) The loss was more likely than not caused by the data security Incident; (iii.) The loss occurred between June 1, 2022 and the Claims Deadline; (iv) The loss is not already covered by one or more of the Ordinary Losses compensation categories; and the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Extraordinary Loss expenses incurred as a result of the data security Incident	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
Provide a written description of your Extraordinary Loss expenses:		
YOU MUST SUBMIT DOCUMENTATION OF YOUR EXTRAORDINARY LOSS EXPENSES.		
Examples of Supporting Documentation: Bank statements, credit card statement, letters from the IRS or other tax authorities, letters from state unemployment agencies, and police reports.		



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NOTE: You must include documentation supporting your Claim for documented Ordinary or Extraordinary Losses. This can include receipts or other documentation not “self-prepared.” “Self-prepared” documents such as handwritten receipts are, by themselves, **not** sufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

B. Alternative Cash Payment

If you wish to receive an Alternative Cash Payment (estimated to between \$25 to \$50, but increased or decreased based upon the number of claims filed), check the box below.

I would like to receive an Alternative Cash Payment.

3. PAYMENT OPTIONS

If you use this Paper Claim Form, a check will be mailed to the address above. If you want to receive an electronic payment, please submit your Claim online.

SIGNATURE

I swear and affirm that the foregoing is true and correct.

Signature

Date



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