

Exhibit C

DocuSign Envelope ID: D9192898-976A-4907-B3B8-3F1DB79DF1E7
Settlement Administrator - 83322
c/o Kroll Settlement Administration LLC
PO Box 5324
New York, NY 10150-5324

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION
SETTLEMENT

**If you received this
Notice, you have been
identified as someone
eligible for benefits
from a class action
settlement regarding
a data breach.**

[www.\[website\].com](http://www.[website].com)

<<Refnum Barcode>>

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>

<<BusinessName>>

<<Address>>

<<Address2>>

<<City>>, <<ST>> <<Zip>> -<<zip4>>

<<Country>>

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The Court will hold a hearing on **Month XX, 202X** to decide whether to approve the settlement, attorney fees (up to \$1,250,000) and expenses (up to \$50,000) and \$4,500 Service Award payments to each Class Representative. If approved, these amounts will be paid from the Settlement Fund(s) before making payments to Settlement Class Members who submit valid claims. You or your lawyer may attend the hearing at your own expense.

What does the Settlement provide? If approved by the Court, Defendant will create a \$3,750,000 Settlement Fund to resolve the settlement. The Settlement Fund will be divided into: (1) a \$2,000,000 non-reversionary common fund for the SSN Class; and (2) a \$1,750,000 fund for the Total Class. Total Class Members may elect to receive up to \$5,500 as reimbursement for Documented Losses and two years of Medical Monitoring, which offers dark-web and credit monitoring. SSN Class Members may also elect to receive a Cash Payment which will be determined on a *pro rata* (proportional) basis after payment of the SSN Class Settlement Administration Costs, a proportional share of attorneys' fees and expenses, and all Service Awards.

Am I included? You are receiving this Notice because Defendants' records identify you as included in the Settlement Class. The Settlement Class consists of (1) all living individuals whose Private Information was identified as accessed or accessible in the Data Incident ("Total Class") and (2) a subclass of Total Class Members whose Social Security number was identified as accessed or accessible during the Data Incident ("SSN Class").

What are my other options? If you do nothing, you will not receive any settlement benefits, you will remain a member of the Settlement Class and you will give up your rights to sue the Defendant for the claims resolved by this settlement. If you do not want any settlement benefits, but you want to keep your right to sue Defendant for these claims you must opt-out of the settlement. If you do not opt-out of the settlement, you may object to it and ask the Court for permission to speak at the final approval hearing. The deadline to opt-out or object to it is **Month XX, 202X**.

How do I get the Settlement benefits? You must file a Claim Form online at [www.\[website\].com](http://www.[website].com), or print a Claim Form from the Settlement Website and mail it to the address on the form by **Month XX, 202X**.

Want more information? Visit [www.\[website\].com](http://www.[website].com) for complete details about the settlement and instructions on how to act on your rights and options. You may also call (xxx) xxx-xxxx for more information.

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<<Barcode>>

Class Member ID: <<Refnum>>



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

CLAIM FORM

Claims must be postmarked no later than **Month xx, 202x**.
You MUST submit a claim form online to receive your payment electronically.

Note: You MUST submit a claim form online or use the full claim form on the website to make a claim for reimbursement of documented expenses.

Circle the word "Yes" next to each benefit you are claiming.

Credit Monitoring: I want to receive two years of Medical Monitoring. **Yes**

Cash Payment: I am an SSN Class Member and I want a *pro rata* cash payment. **Yes**

By signing below, I swear and affirm under the laws of my State that the information I have supplied in this claim form is true and correct to the best of my recollection.

Signature: _____ Dated: _____/_____/_____