Exhibit C

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Your claim must be submitted online or postmarked by:
Month XX, 202X

CLAIM FORM

In re: Kelly Benefits Data Breach Litigation
Case No. 1:25-cv-01304-SAG
United States District Court for the District of Maryland

GENERAL INSTRUCTIONS

If you received notice of this Settlement, you have been identified as a Settlement Class Member whose Private Information was compromised in the Data Breach. You may submit a Claim Form for Settlement Class Benefits as outlined below. Please refer to the Long Notice posted on the Settlement Website **www.[website].com** for more information.

To receive Settlement Class Benefits, you must submit a Claim Form by Month XX, 2026.

Claim Forms may be submitted online at **www.[website].com** or by mail at the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. Mail, postmarked by the deadline above, to:

In re: Kelly Benefits Data Breach Litigation
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

You may submit a Claim Form to receive the following Settlement Class Benefits:

- **Documented Monetary Losses Payment:** Cash payment of up to $5,000 per Settlement Class Member for Documented Monetary Losses reasonably related to the Data Breach. Documentation is required. See Section III.
- **Pro Rata Cash Payment:** A *pro rata* cash payment, estimated to be $50. The payment amount will be determined based on the number of Valid Claims submitted. See Section IV.
- **Credit Monitoring:** Three (3) years of single-bureau Credit Monitoring. See Section V.
- **California Statutory Payment:** A cash payment estimated to be $100. You must have had a California address on December 12, 2024 to be eligible for this payment. The payment amount will be determined based on the number of Valid Claims submitted. See Section VI.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

_____ _____
First Name **Last Name**

_____
Address 1

_____
Address 2

_____ ____ ____ ____ ____ ____ ____ ____
City **State** **Zip Code**

Telephone Number: (____ ____ ____) ____ ____ ____ - ____ ____ ____ ____

Email Address: _____

Class Member ID (if known): **00000** ___ ___ ___ ___ ___ ___ ___ ___

II. PAYMENT SELECTION

If you would like to receive your payment through electronic transfer, please visit the Settlement Website (**www.[website].com**) and timely file your Claim Form online on or before **Month XX, 2026**. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option. If you submit this Claim Form by mail, you will receive your payment by check.

III. DOCUMENTED MONETARY LOSSES PAYMENT

Settlement Class Members may submit a claim for a cash payment of up to $5,000 per Settlement Class Member for Documented Monetary Losses reasonably related to the Data Breach. Documented Monetary Losses may include, but are not limited to: (i) out-of-pocket credit monitoring costs that were incurred on or after December 12, 2024, through [Claims Deadline]; (ii) unreimbursed losses associated with actual fraud or identity theft; and (iii) unreimbursed bank fees, long-distance phone charges, postage, or mileage for local travel at the prevailing IRS business-use mileage rate for the year incurred. You may make claims for any unreimbursed Documented Monetary Loss reasonably related to the Data Breach or to mitigating the effects of the Data Breach.

You cannot be reimbursed for Documented Monetary Losses if you have already been reimbursed for the same expenses from another source, including compensation provided in connection with credit monitoring or identity theft protection services previously offered by the Defendant or otherwise.

To receive a payment for Documented Monetary Losses, you must attest under penalty of perjury that the losses or expenses were incurred as a result of the Data Breach and submit Reasonable Documentation supporting such losses. Reasonable Documentation includes, but is not limited to, credit card statements, bank statements, invoices, telephone records, screen shots, and receipts. Documented Monetary Losses cannot be documented solely by a personal certification, declaration, or affidavit; you must provide actual supporting documentation of the loss.

If you do not submit Reasonable Documentation supporting a loss, or if your claim for a cash payment for Documented Monetary Losses is rejected by the Settlement Administrator in whole for any reason, and you fail to cure any deficiencies identified by the Settlement Administrator, your claim will be treated as a claim for a Pro Rata Cash Payment only. If you submit a partially approved claim for Documented Monetary Losses and do not cure your claim, it will not automatically be considered for a Pro Rata Cash Payment unless you also claimed a Pro Rata Cash Payment on your Claim Form.

☐ I have attached documentation showing that the losses and expenses listed below were reasonably related to the Data Breach.

Cost Type (Fill all that apply)	**Approximate Date of Loss**	**Amount of Loss**	**Description of Supporting Documentation** (Identify what you are attaching and why)
Example: Credit Monitoring Service	06 / 12 / 25 (mm/dd/yy)	$50.00	Copy of credit monitoring service bill
	__ __ / __ __ / __ __ (mm/dd/yy)	$_____.____	
	__ __ / __ __ / __ __ (mm/dd/yy)	$_____.____	
	__ __ / __ __ / __ __ (mm/dd/yy)	$_____.____	

IV. PRO RATA CASH PAYMENT

In addition to a cash payment for Documented Monetary Losses, you may submit a claim for a Pro Rata Cash Payment estimated to be $50 per individual. The amount of the Pro Rata Cash Payment will be increased or decreased on a *pro rata* (proportional) basis, depending upon the number of Valid Claims filed.

☐ I want to claim a Pro Rata Cash Payment.

V. CREDIT MONITORING

In addition to the cash payment for Documented Monetary Losses and Pro Rata Cash Payment, all Settlement Class Members may submit a claim for three (3) years of single-bureau Credit Monitoring which includes web monitoring, identity theft insurance coverage of up to $1,000,000, and fully managed identity recovery services. If you submit a Valid Claim for this benefit, you will receive an activation code for the Credit Monitoring benefit after the Court grants final approval of the Settlement.

☐ I want to claim the Credit Monitoring.

VI. CALIFORNIA STATUTORY PAYMENT

In addition to the benefits described above, if you had a California address on December 12, 2024, you may submit a claim for an additional cash payment estimated to be $100 in recognition of California's Consumer Protection Act and the superior protections it affords California residents. This payment will be reduced on a *pro rata* basis, depending upon the number of Valid Claims filed.

VII. ATTESTATION & SIGNATURE

By signing below, I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection.

_____ ___ ___ / ___.. ___ / ___ ___ ___ ___

Signature Date (mm/dd/yyyy)

_____

Print Name

Reminder:

If your address changes or you need to correct or update to the address you provide on this Claim Form, please call (XXX) XXX-XXXX or visit the "Contact Us" section of the Settlement Website www.[website].com and provide your updated address information. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.