

CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you had documented out-of-pocket expenses, fraudulent charges, lost time spent dealing with the Data Incident, or documented, unreimbursed extraordinary monetary losses as a result of the Data Incident, or if you are requesting credit monitoring. Checks will be mailed, or electronic payments will be made, to eligible Settlement Class Members if the Settlement is approved by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official settlement administration website, [INSERT WEBSITE], or call [INSERT PHONE #] for more information.

Claim submission options:

- File a claim online at [INSERT WEBSITE]. Your form must be submitted by [INSERT DATE & TIME].
- Print this form, complete the form in its entirety, and mail to the Claims Administrator at the address listed below. Your Claim Form must be postmarked by [INSERT DATE].
- You can contact the Claims Administrator to request a Claim Form be mailed to you. You must complete the Claim Form in its entirety and then mail the completed Claim Form so that it is postmarked by [INSERT DATE].

YOU MUST INCLUDE YOUR CLASS MEMBER ID in Section 1 below. You can locate your Class Member ID at the top of the postcard Notice that was sent to you.

1. CLASS MEMBER INFORMATION.

Class Member ID: _____

Name (*REQUIRED*): _____
First Name Mi Last Name

Number and Street Address (REQUIRED)

City (REQUIRED) *State (REQUIRED)* *Zip Code (REQUIRED)*

Telephone Number (*REQUIRED*): (_____) _____ - _____

Email Address (optional): _____@_____.

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the Notice and sections 2.1 through 2.2 of the Settlement Agreement (available at [INSERT WEBSITE]) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a Settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of documented out-of-pocket expenses, fraudulent charges, or lost time that you incurred between February 6, 2022 and the Claims Deadline as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in **bold type** (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

Documented Expense Reimbursement Resulting from the Data Incident: (not to exceed \$2,000 per Settlement Class Member)

Unreimbursed fees or other charges from your bank due to fraudulent activity.

Examples - Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

Total amount claimed for this category \$_____

I have attached a copy of a bank or credit card statement or other proof of the fees or charges.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

Date reported: _____

Description of the person(s) and/or companies to whom you reported the fraud:

Other incidental telephone, internet, postage, or gasoline (for local travel only) expenses directly related to the Data Incident.

Examples - 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)

Total amount claimed for this category \$_____

I have attached a copy of the bill from my telephone or mobile phone company or internet service provider, postage provider, or gasoline provider that shows the charges, receipts, or other proof or purchase of the fees or charges.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

Credit reports, identity theft insurance, or credit monitoring charges.

Examples - The cost of a credit report, identity theft insurance, or credit monitoring services that you purchased between February 6, 2022 and the Claims Deadline.

Total amount claimed for this category \$_____

I have attached a copy of a receipt or other proof of purchase for each credit report or product purchased.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

- Settlement Benefits Related to Emotional Distress.

Examples - Bills from medical providers or for medications prescribed for the treatment of emotional distress, anxiety, or other mental health disorders reasonably related to conditions caused by this Data Incident between February 6, 2022 and the Claims Deadline.

Total amount claimed for this category \$ _____

- I have attached a copy of my medical bills, pharmacy bills, or explanation of benefits forms showing the out-of-pocket expenditures for treatment of emotional distress or anxiety.***

(Check this box to declare) I declare that I was a Medicare beneficiary during the time period of February 10, 2022 to the present and that I am seeking benefits in this settlement related to emotional distress. If you were a Medicare beneficiary at any time during the period February 10, 2022 to the present and are seeking any reimbursement for emotional distress, please contact the Settlement Administrator at <<insert phone number>> to provide additional information necessary for Medicare reporting requirements.

Leave this box unchecked if either (i) you were not Medicare beneficiary during the time period of February 10, 2022 to the present, or (ii) if you were a Medicare beneficiary at any time during the period February 10, 2022 to the present and are not seeking any reimbursement for emotional distress from this settlement.

Lost Time Spent Dealing with the Data Incident

- Between one (1) and four (4) hours of time spent dealing with the Data Incident (which will be calculated and paid at a rate of \$25 per hour). You must attest that any claimed lost time was spent responding to issues raised by the Data Incident and provide a written description of how the claimed lost time was spent related to the Data Incident.

Examples – You spent at least one (1) full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total.

Total number of hours claimed _____

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident.

Check all activities, below, which apply. If no box applies, you must provide a written description in the “other” category.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.

- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here:

Documented Extraordinary Loss Reimbursement. If you wish to receive reimbursement of actual, documented, and unreimbursed losses (up to \$7,500) that were more likely than not caused by the Data Incident, occurred between February 6, 2022 and the Claims Deadline, and not already covered by one or more of the other categories of Settlement benefits, describe the unreimbursed losses claimed (including the amount of each loss), sign the attestation at the end of this Claim Form, and attach supporting documentation (if you provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). By signing the attestation below, you are affirming that to the best of your knowledge and belief the claimed losses were more likely than not caused by the Data Incident.

Describe all actual, documented, and unreimbursed losses (including the amount of each loss and the total amount claimed) that were more likely than not caused by the Data Incident.

Description of Loss	Amount
TOTAL Amount Being Claimed:	

- I have attached documentation showing that the claimed losses were more likely than not caused by the Data Incident.*
- Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.**

California Statutory Claim Benefit

If you are a California Resident who received notice of the Data Incident, you are eligible to receive a \$85 cash payment upon written verification that you resided at a valid California address at the time of the Data Incident (between February 6 – February 11, 2022).

- (Check this box to Verify) I hereby verify that I reside in California, that I received notice of the Data Incident from the 49ers at my address in California, and that my address in California is as follows:

_____ (Name)

_____ (Street Address)

_____ (City, State, Zip code)

Credit Monitoring

All Settlement Class Members are eligible to claim two (2) years of credit monitoring and identity restoration services.

- Yes, I want to sign up to receive free Credit Monitoring, and my email address is as follows:

Email Address: _____

If you select “YES” for this option, you will need to follow instructions and use an activation code that you receive after the Settlement is final. Credit Monitoring Protections will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address. If you do not have an email address, your activation code and instructions will be sent to your home address listed on this Claim Form.

3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury and the laws of the United States and my state of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Claims Administrator or Claims Referee before my claim will be considered complete and valid.

Signature
(mm/dd/yyyy)

Print Name

_____/_____/_____
Month/Day/Year

4. MAIL YOUR CLAIM FORM.

This Claim Form and all supporting documentation must be either submitted online at **[INSERT WEBSITE]** or postmarked by **[INSERT DATE]** and mailed to:

[INSERT MAILING ADDRESS]