

Exhibit F

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**Your Claim must
be submitted
online or
postmarked by:
<<Claim Form
Deadline>>**

CLAIM FORM FOR NUMOTION DATA INCIDENTS ACTIONS

In Re: Numotion Data Incident Litigation (Numotion I Action)
Case No. 3:24-cv-00545
&
Sylvester, et al. v. United Seating and Mobility, LLC d/b/a Numotion
(Numotion II Action)
Case No. 3:25-cv-00469
United States District Court for the Middle District of Tennessee

**NUMOTION-
C**

GENERAL INSTRUCTIONS

You are a Settlement Class Member if you are a living person in the United States who received notice of the Data Incidents, You may submit a Claim for a Settlement Class Member Benefit, outlined below.

Please refer to the Long Form Notice posted on the Settlement Website www.Website.com, for more information on submitting a Claim Form and if you part of the Settlement Class.

To receive a Settlement Class Member Benefit from this Settlement via an electronic payment, you must submit the Claim Form below electronically at www.Website.com by <<Claim Form Deadline>>.

This Claim Form may also be mailed to 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 to:

Numotion Data Incidents Settlement
c/o Kroll Settlement Administration, LLC
P.O. Box XXXX
New York, NY 10150-XXXX

The Settlement Notice describes your legal rights and options. Please visit the official settlement administration website at www.website.com or call 1-888-XXXX for more information.

I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Class Member Benefit through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

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

First Name

Last Name

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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Case 3:24-cv-00545

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Address 1

Address 2

City

State

Zip Code

Email Address* (required): _____ @ _____

Class Member ID: 0 0 0 0 0 _____

SETTLEMENT CLASS MEMBERS MAY SUBMIT A CLAIM FOR BOTH OF THE FOLLOWING BENEFITS:

1. CASH PAYMENT A – DOCUMENTED OUT-OF-POCKET LOSSES; AND
2. CASH PAYMENT B – *PRO RATA* CASH PAYMENT

III. CASH PAYMENT A – DOCUMENTED OUT-OF-POCKET LOSSES

Settlement Class Members may file a Claim to receive Cash Payment A – Documented Out-of-Pocket Losses, not to exceed \$15,000 per Settlement Class Member. You must include supporting documentation that the losses claimed are fairly traceable to the March 2024 Data Incident or September 2024 Data Incident.

Settlement Class Members will be required to submit reasonable documentation supporting the losses. This can include receipts or other documentation not “self-prepared” by the claimant that documents the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

You must have documented out-of-pocket losses incurred as a result of the Data Incidents and submit documentation to obtain this benefit.

Cost Type (Fill all that apply)	Approximate Date of out-of-pocket losses	Amount of out-of-pocket losses	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$____.____	

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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Cost Type (Fill all that apply)	Approximate Date of out-of-pocket losses	Amount of out-of-pocket losses	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
	____/____/____ (mm/dd/yy)	\$_____.	
	____/____/____ (mm/dd/yy)	\$_____.	

(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.)

☐ I have attached documentation showing that the documented losses were more likely than not caused by the Data Incident.

I attest and affirm the Documented Out-of-Pocket Losses, claimed above, are fairly traceable to the March 2024 or September 2024 Data Incidents and were not incurred due to some other event or reason.

Signature

IV. CASH PAYMENT B – *PRO RATA* CASH PAYMENT

IN ADDITION TO REQUESTING CASH PAYMENT A, ALL SETTLEMENT CLASS MEMBERS ARE ALSO ENTITLED TO REQUEST CASH PAYMENT B.

Requesting a Cash Payment B payment means the *pro rata* share of the funds available in the Net Settlement Fund.

☐ Yes, I choose Cash Payment B – *Pro Rata* Cash Payment that will be determined on a *pro rata* basis.

The amount actually paid will depend on, among other things, the number of Valid Claims submitted, the attorneys’ fees and costs and Service Awards awarded by the Court, the cost of providing CAFA Notice, and the cost of providing Notice of the Settlement and administering it.

V. MEDICAL MONITORING SERVICES

SOCIAL SECURITY SETTLEMENT CLASS MEMBERS ONLY

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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In addition, **Social Security Settlement Class Members** may submit a Claim for two (2) years of CyEx Medical Shield Pro (“Medical Monitoring”) that includes at least healthcare insurance Plan ID monitoring, Medicare Beneficiary Identifier ID monitoring, Medical recording number monitoring, international classification of disease monitoring, national provider identifier monitoring, health savings account monitoring, dark web monitoring, \$1,000,000 of medical identity theft insurance with no deductible, real-time authentication alerts, high risk transaction monitoring, security freeze assist, and victim assistance.

☐ Two (2) years of CyEx Medical Shield Pro and have included my email address in Section II above. **You must include your email address to receive this Settlement Class Member Benefit.**

☐ Yes, I swear I received a notice that my Social Security Number may have been involved in the Data Incidents. **You must be a Social Security Settlement Class Member to receive this Claims-Made Benefit.**

**IN ADDITION TO THE SETTLEMENT CLASS MEMBER BENEFITS DESCRIBED ABOVE,
SETTLEMENT CLASS MEMBERS WILL AUTOMATICALLY, WITHOUT HAVING TO FILE A
CLAIM, RECEIVE CREDIT MONITORING.**

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and the penalty of perjury that the information I have supplied in this Claim Form 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 Settlement Administrator before my claim will be considered complete and valid.

Signature

_____/_____/_____
Date

Print Name

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.