

Exhibit F

**Your Claim must
be submitted
online or
postmarked by:**

**<<Claims
Deadline>>**

CLAIM FORM

In Re: Sequoia Benefits and Insurance Data Breach Litigation

Case No.: 3:22-cv-08217-RFL

United States District Court for the Northern District of California

SEQUOIA-C

INSTRUCTIONS ON HOW TO RECEIVE PAYMENT

You are entitled to payment if you were sent a notice of the Data Security Incident at issue in *In Re: Sequoia Benefits and Insurance Data Breach Litigation*. For more details, please refer to the Long Notice available at www.Website.com. To receive payment, you must please take the following steps.

STEP 1: Decide whether you want to receive a paper check OR electronic payment. To receive an electronic payment, you must complete the Claim Form **online** and submit it electronically at www.Website.com by **<<Claims Deadline>>**. If you wish to receive a paper check via U.S. Mail, proceed to STEP 2.

STEP 2: Decide whether you want to **submit a request for alternative cash payment** estimated at \$75, **OR** reimbursement for **out-of-pocket losses** (up to \$7,500) including **attested time spent** (up to 4 hours at \$30/hour). If you were a California resident between September 22 and October 6, 2022, in addition to either selection, you may claim an additional payment estimated at \$150.

If you seek the alternative cash payment, complete only the information on **page 2**. Please type your responses or write them in blue or black ink.

If you seek reimbursement for out-of-pocket costs including attested time, complete the information on **pages 3–5**. Please type your responses or write them in blue or black ink and attach additional sheets as necessary.

STEP 3: Once you have filled out the information on page 2 **or** pages 3–5, submit this Claim Form and any supporting documents by U.S. Mail to:

<Mailing Caption>

c/o Kroll Settlement Administration LLC

P.O. Box **XXXX**

New York, NY 10150-**XXXX**

CLAIMS FOR ALTERNATIVE CASH PAYMENT

Cash Payment: Settlement Class Members can submit a Claim Form and receive a cash payment estimated at approximately \$75 per person. In addition, Class Members who were California residents between September 22 and October 6, 2022 may receive an additional payment of approximately \$150 per person. The cash payments may be increased or decreased based on the total number of claims submitted.

☐

Check this box to certify that you are requesting an Alternative Cash Payment, subject to *pro rata* increase or decrease.

☐

Check this box to certify that you are a Person in the United States to whom Sequoia sent notice of the Data Security Incident.

☐

Check this box to certify that you resided in the **State of California** at the time of the Data Security Incident (9/22/2022 to 10/6/2022).

Enter the Class Member ID Number provided on your Short Notice:

Class Member ID: 0 0 0 0 0 _____

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

Email Address: _____

@ _____

AFFIRMATION: 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, and that this form was executed on the date set forth below.

Signature

_____/_____/_____
Date

CLAIMS FOR REIMBURSEMENT OF OUT-OF-POCKET LOSSES AND TIME SPENT

Reimbursement for Out-of-Pocket Losses including Attested Time: Settlement Class Members may submit a Claim Form for Out-of-Pocket Losses up to \$7,500 per individual and, as part of those losses, claim up to four (4) hours of time spent remedying issues related to the Data Security Incident at \$30 per hour by providing an attestation and a brief description of the actions taken in response to the Data Security Incident.

In addition, Class Members who were California residents between September 22 and October 6, 2022 will receive an additional payment of approximately \$150 per person. The cash payments may be increased or decreased based on the total number of claims submitted.

To submit your claim for reimbursement of Out-of-Pocket Losses, you must submit:

- (1) your name and current address;
- (2) documentation supporting your claim; and
- (3) a brief description in the table below, identifying the documentation submitted and describing the nature of the loss if the nature of the loss is not apparent from the documentation alone.

☐

Check this box to certify that you are a Person in the United States to whom Sequoia sent notice of the Data Security Incident.

☐

Check this box if you resided in the **State of California** at the time of the Data Security Incident (9/22/2022 to 10/6/2022).

Enter the Class Member ID Number provided on your Short Notice:

Class Member ID: 0 0 0 0 0 _____

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

Email Address: _____@_____

To obtain this benefit, you must submit documentation that your Out-of-Pocket Losses were incurred as a result of the Data Security Incident.

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Check this box to confirm that you have submitted documentation supporting your claim.

(Please see the final section of this Claim Form for additional guidance regarding what documentation may be considered in approving your Claim.)

Cost Type (Fill all that apply)	Approximate Date of Documented Out-of-Pocket Losses	Amount of Documented Out-of-Pocket Losses	Brief Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<i>Example: Identity Theft Protection Service</i>	<i>07/17/23 (mm/dd/yy)</i>	<i>\$50.00</i>	<i>Copy of identity theft protection service bill</i>
	____/____/____ (mm/dd/yy)	\$____.____	
	____/____/____ (mm/dd/yy)	\$____.____	

Attested Time. Are you also claiming reimbursement for time spent (up to 4 hours) related to the Data Security Incident? If yes, fill out the section below.

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Check this box to certify that you spent time acquiring credit freezes, remedying actual fraud, monitoring statements, etc. related to the Data Security Incident, calculated at \$30 per hour for up to four (4) hours.

Select the Amount of Time Spent: ☐ 1 hour ☐ 2 hours ☐ 3 hours ☐ 4 hours

AFFIRMATION: 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, and that this form was executed on the date set forth below.

Signature

Date

Explanation of Reimbursable Out-of-Pocket Losses and Adequate Documentation

What are “Out-of-Pocket Losses”? These are unreimbursed costs you incurred that are “fairly traceable” to the Data Security Incident. These may include (1) unreimbursed costs, expenses, losses or charges incurred a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information; (2) other expenses incurred related to any loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (3) credit monitoring or other mitigative costs that you incurred on or after September 22, 2022 through the date you submit this form.

What makes a loss “fairly traceable” to the Data Security Incident? The loss must have occurred on or after September 22, 2022. Also, the personal information used to commit identity theft or fraud must be of the same type of personal information that was provided to Sequoia prior to the Data Security Incident.

What is “adequate documentation”? Documentation should include receipts or other documentation not “self-prepared” by you that documents the unreimbursed cost, loss, or expenditure incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.