

# Exhibit C

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

## CLAIM FORM FOR AACOM DATA INCIDENT LITIGATION

*In re AACOM Data Breach Litigation*

Case No. 8:25-cv-01239-tjs

United States District Court for the District of Maryland

AACOM-C

### GENERAL INSTRUCTIONS

You are a Settlement Class Member if you are an individual residing in the United States whose personally identifiable information (PII) or personal health information (PHI) was identified as at issue in the Data Incident discovered by AACOM in September 2024, including all those individuals who received notice of the Data Incident. You may submit a claim for a Settlement benefit, outlined below.

Please refer to the Long-Form Notice posted on the Settlement Website [www.Website.com](http://www.Website.com), for more information on submitting a Claim Form and if you are part of the Settlement Class.

**To receive a Settlement benefit from this Settlement via an electronic payment, you must submit the Claim Form  
below electronically at [www.Website.com](http://www.Website.com) by <<Claims 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:

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

Settlement Class Members under the Settlement Agreement will be eligible to receive one or more of the following Settlement benefits:

❖ **Compensation for Out-of-Pocket Losses:** Settlement Class Members may claim **up to \$3,500** by submitting a valid and timely Claim Form and reasonable **supporting documentation for ordinary losses** that more likely than not, was because of the Data Incident. **You may not select Cash Compensation below;**

**OR**

❖ **Cash Compensation:** Instead of Compensation for Out-of-Pocket Losses, Settlement Class Members may file a claim for an Alternative Cash Payment. The amount of the Alternative Cash Payments is **estimated to be \$50**, but will be determined on a *pro rata* (proportional) basis;

The amount of the Net Settlement Fund remaining after all payments for Credit Monitoring, Compensation for Out-of-Pocket Losses are made is the Post-Loss Net Settlement Fund. The Post-Loss Net Settlement Fund will be used to make all Alternative Cash Payments. The amount of each Alternative Cash Payment shall be calculated by dividing the Post-Loss Net Settlement Fund by the number of valid claims for Alternative Cash Payments.

**AND**

Questions? Go to [www.Website.com](http://www.Website.com) or call toll-free (XXX) XXX-XXXX.

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- ❖ **Credit Monitoring:** Twenty-four (24) months of 3-bureau credit and identity theft monitoring will be provided for those Settlement Class Members who elect and submit valid claims for such credit and identity theft monitoring.

## I. PAYMENT SELECTION

If you would like to elect to receive your Settlement 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.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

## III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify if you are an individual residing in the United States whose PII/PHI was identified as at issue in the Data Incident discovered by AACOM in September 2024, including all those individuals who received notice of the Data Incident.

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

Class Member ID: 0 0 0 0 0 \_\_\_\_\_

## IV. COMPENSATION FOR OUT-OF-POCKET LOSSES

Settlement Class Members may claim up to \$3,500 by submitting a valid and timely Claim Form and reasonable supporting documentation for ordinary losses that more likely than not, was because of the Data Incident. **You may not select any Cash Compensation below.**

Questions? Go to [www.Website.com](http://www.Website.com) or call toll-free (XXX) XXX-XXXX.

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Out-of-pocket losses can be any of the following categories:

- *Out-of-pocket expenses incurred* as a direct result of the Data Incident, including costs for fraud or identity protection, professional fees, credit repair services, and other expenses so long as the costs were incurred between April 8, 2025 (the date of the Data Incident notice by Defendant) and the end of the claims period <<Claims Deadline>>..

Settlement Class Members with losses must submit documentation supporting their claims. This can include receipts or other documentation not “self-prepared” by the claimant that documents the costs incurred.

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

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

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)	\$ _____ . _____	
	— — / — — / — (mm/dd/yy)	\$ _____ . _____	
	— — / — — / — (mm/dd/yy)	\$ _____ . _____	

Questions? Go to [www.Website.com](http://www.Website.com) or call toll-free (XXX) XXX-XXXX.

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**V. CASH COMPENSATION**

Instead of Compensation for Out-of-Pocket Losses, Settlement Class Members may file a claim for an Alternative Cash Payment.

Yes, I choose an estimated \$50 Alternative Cash Payment that will be determined on a *pro rata* basis. **You may not select any Compensation for Out-of-Pocket Losses above.**

The amount of the Net Settlement Fund remaining after all payments for Credit Monitoring, Compensation for Out-of-Pocket Losses are made is the Post-Loss Net Settlement Fund. The Post-Loss Net Settlement Fund will be used to make all Alternative Cash Payments. The amount of each Alternative Cash Payment shall be calculated by dividing the Post-Loss Net Settlement Fund by the number of valid claims for Alternative Cash Payments.

**IN ADDITION TO EITHER COMPENSATION FOR OUT-OF-POCKET LOSSES OR CASH COMPENSATION, SETTLEMENT CLASS MEMBERS MAY ALSO SUBMIT A CLAIM TO RECEIVE CREDIT MONITORING**

**VI. CREDIT MONITORING SERVICES**

All Settlement Class Members who elect and submit valid claims for credit and identity theft monitoring will receive twenty-four (24) months of 3-bureau credit and identity theft monitoring.

**Twenty-four (24) months of 3-bureau credit and identity theft monitoring**

The credit and identity theft monitoring will have the following features: real time monitoring of the credit file at all three major credit bureaus, identity theft insurance (no deductible) of \$1,000,000; and access to fraud resolution agents to help resolve identity thefts

**VII. ATTESTATION & SIGNATURE**

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

\_\_\_\_\_  
Print Name

Questions? Go to [www.Website.com](http://www.Website.com) or call toll-free (XXX) XXX-XXXX.

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