

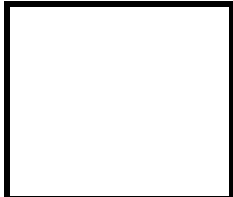
Exhibit C

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Your Claim must be submitted online or postmarked by: Month xx, 202x

CLAIM FORM



In re Lemonade, Inc. Data Disclosure Litigation
Case No. 1:25-cv-04106-JHR-KHP
United States District Court for the Southern District of New York

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Defendants have identified you as a Settlement Class Member whose Personal Information was compromised in the Data Exposure. You may submit a claim for Settlement Benefits as outlined below.

In addition to the benefits below, **all Settlement Class Members have been provided with a unique code to activate 3 years of Credit Monitoring and Insurance Services** (“CMIS”). This is an automatic benefit to all Class Members except those who opt out of the Settlement. Enrollment and activation of CMIS services will be available only after the Court grants final Settlement approval. Instructions on how to activate your CMIS code will be provided on the Settlement Website (www.[website].com) after the Settlement has been approved by the Court. Settlement Class Members who do not know their CMIS code should use the “Contact Us” form of the Settlement Website or mail the Settlement Administrator at the address below to request that information.

Please refer to the Long Form Notice posted on the Settlement Website www.[website].com for more information.

To receive cash Settlement Benefits, you must submit the Claim Form below electronically at [www.\[website\].com](http://www.[website].com) by 11:59 pm ET on Month xx, 202x.

This Claim Form may also be mailed to the address below, postmarked no later than **Month XX, 202X**. 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 Lemonade, Inc. Data Disclosure Litigation
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

You may submit a Claim for one or both of the following cash Settlement Benefits:

Documented Loss Payment: Reimbursement of up to \$10,000 for documented losses related to the Data Exposure. Claims for reimbursement of documented losses must be supported with Reasonable Documentation as that term is defined in the Settlement Agreement. The documentation must demonstrate that you actually incurred unreimbursed losses and consequential expenses that are more likely than not traceable to the Data Exposure and incurred in or after April 2023.

Alternative Cash Fund Payment: Settlement Class Members also may submit a Claim for a *pro rata* (proportional) Cash Fund Payment, to be calculated in accordance with the Settlement Agreement, but estimated to be between approximately \$XXX-XXX.

I. PAYMENT SELECTION

By submitting a paper Claim Form, you are choosing to receive your Settlement Payment via mailed check. If you would like to receive your payment through electronic transfer, via Zelle, Venmo, PayPal, or ACH please visit the Settlement Website and timely file your Claim Form online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. 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.

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First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Telephone Number: () - -

Email Address: _____

III. DOCUMENTED LOSS PAYMENT

Settlement Class Members also may submit a claim for a cash payment under this settlement for up to \$10,000 per Settlement Class Member if you can show documented losses that are more likely than not traceable to the Data Exposure.

To receive a Documented Loss Payment, you must provide Reasonable Documentation that demonstrates the Documented Loss to be reimbursed and that the loss is more likely than not traceable to the Data Exposure. Examples of Reasonable Documentation include credit card statements, bank statements, invoices, telephone records, screen shots, and receipts.

If you do not submit Reasonable Documentation supporting a Documented Loss Payment claim, or if your claim for a Documented Loss Payment is rejected for any reason, and you fail to cure your claim, the claim will be rejected and you will instead be automatically placed into the Cash Fund Payment category below at the discretion of the Settlement Administrator.

I have attached documentation showing that the documented expenses listed below were caused by the Data Exposure. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

Table with 4 columns: Cost Type, Approximate Date of Loss, Amount of Loss, and Description of Supporting Reasonable Documentation. Includes an example row for Credit Monitoring Service and a blank row for additional entries.

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
	<p style="text-align: center;">_ / _ / _ (mm/dd/yy)</p>	<p>\$ _____.</p>	
	<p style="text-align: center;">_ / _ / _ (mm/dd/yy)</p>	<p>\$ _____.</p>	

IV. CASH FUND PAYMENT

By providing a valid and timely Claim Form, you will be eligible to receive a *pro rata* (proportional) Cash Fund Payment. You will be eligible to receive a Cash Fund Payment irrespective of any determination as to the validity of any Documented Loss Payment claim you may submit. The Cash Fund Payment will be calculated according to Section 3.10 of the Settlement Agreement.

V. ATTESTATION & SIGNATURE

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

For Documented Loss Payment claims: by signing the below, I also swear and affirm under the laws of the state in which I currently reside that I have not already been reimbursed for the Documented Losses I am claiming for reimbursement in this Claim Form, through insurance, Lemonade-provided credit monitoring services, or otherwise.

Signature

Date (mm/dd/yyyy)

Print Name

Reminder Checklist

If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the "Contact Us" section of the Settlement Website at [www.\[website\].com](http://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.

For more information, visit [www.\[website\].com](http://www.[website].com) or call the Settlement Administrator at **(xxx) xxx-xxxx**.