

# Exhibit F



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Your claim must  
be submitted  
online or  
postmarked by:

<<Claims

Deadline>>

## CLAIM FORM FOR SAG DATA INCIDENT LITIGATION

*In re SAG Health Data Breach Litigation*

Case No. 2:24-cv-10503-MEMF-JPR

United States District Court for the Central District of California

SAG-AFTRA-  
C

### GENERAL INSTRUCTIONS

You are a Settlement Class Member if you are a living Person who was mailed notification of the Data Incident indicating that your Private Information may have been impacted in the Data Incident that occurred in SAG-AFTRA's system between September 17, 2024, to September 18, 2024, including all who were sent a notice of the Data Incident. You may submit a Claim for one of the Damages Class Benefits, outlined below.

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

**To receive cash payments 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 SAG Data Breach Litigation  
c/o Kroll Settlement Administration LLC  
P.O. Box XXXX  
New York, NY 10150-XXXX

- Settlement Class Members that submit a Valid Claim may receive one or more the following settlement benefits:
  - ❖ **Out-of-Pocket Losses:** All Settlement Class Members who have suffered a proven monetary loss and who submit a Valid Claim using the Claim Form are eligible for **up to \$5,000 with actual, documented losses;**
    - Settlement Class Members submitting a Settlement Claim for reimbursement of documented out-of-pocket expenses will automatically have requested the *Pro Rata* Cash Payment cash payment as well, regardless of the validity of their Settlement Claim for reimbursement of such losses and/or expenses.
  - ❖ **Pro Rata Cash Payments:** Any remaining funds in the Settlement Fund will be distributed as a residual *Pro Rata* Cash Payment based on shares to Settlement Class Members who submit a Valid Claim to receive this benefit, with each Claimant who is not a California Resident receiving one (1) share of the Settlement Remainder, and each Claimant who is a California Resident that resided in California at any point from September 17, 2024 until the Claims Deadline, and who was mailed notification of the Data Incident at a California address indicating that their Private Information may have been impacted in the Data Incident that occurred receiving two (2) shares of the Settlement Remainder;

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



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AND

**IN ADDITION TO THE BENEFITS ABOVE, ALL SETTLEMENT CLASS MEMBERS WILL AUTOMATICALLY, WITHOUT SUBMITTING A SETTLEMENT CLAIM, WILL RECEIVE:**

- ❖ **Credit Monitoring and Identity-Protection Services:** All Settlement Class Members are eligible to receive eighteen (18) months of CyEx Medical Shield Complete, a medical information protection and monitoring service offered through CyEx. **You will automatically receive this benefit, without submitting a Settlement Claim.**

In the unexpected event that the Settlement Fund is insufficient to cover the value of the Valid Claims, the Valid Claims shall be reduced *pro rata* on an equal percentage basis as necessary to bring the cost within the Settlement Fund.

## I. PAYMENT SELECTION

If you would like to elect to receive your cash payment 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. DAMAGES SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. You must notify the Settlement Administrator in writing at the address above 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\* (required): \_\_\_\_\_ @ \_\_\_\_\_

## III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

☐

Check this box to certify if you are a Person who was mailed notification of the Data Incident indicating that your Private Information may have been impacted in the Data Incident that occurred in SAG-AFTRA's system between September 17 to September 18, 2024, including all who were sent a notice of the Data Incident.

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

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

Questions? Go to [www.Website.com](http://www.Website.com), email [info@website.com](mailto:info@website.com), or call toll-free (XXX) XXX-XXXX.



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#### IV. OUT-OF-POCKET LOSSES CLAIMS

All Settlement Class Members who have suffered a proven monetary loss and who submit a Valid Claim using the Claim Form are eligible for **up to \$5,000 with actual, documented losses**;

- Only if: (1) the loss is an actual, documented, and unreimbursed monetary loss; (2) the loss was caused by the Data Security Incident; (3) the loss occurred between September 17, 2024, and the Claims Deadline; and (4) the member of the Settlement Class made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance, but was not previously reimbursed for the claimed expense or loss;
- Settlement Class Members who elect to submit a Settlement Claim for reimbursement of Out-of-Pocket Losses must provide, to the Claims Administrator, information required to evaluate the claim, including:
  - (1) the Settlement Class Member's name and current address;
  - (2) documentation reasonably supporting their Out-of-Pocket Losses, which may include receipts or other documentation but not "self"; and
  - (3) a brief description of the nature of the loss, if the nature of the loss is not apparent from the documentation alone.

Settlement Class Members submitting a Settlement Claim for reimbursement of documented out-of-pocket expenses will automatically have requested the *Pro Rata* Cash Payment as well, regardless of the validity of their Settlement Claim for reimbursement of such losses and/or expenses.

**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)	\$_____.	

Questions? Go to [www.Website.com](http://www.Website.com), email [info@website.com](mailto:info@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)	\$_____.	

**V. PRO RATA CASH PAYMENT**

Any remaining funds in the Settlement Fund will be distributed as a residual *Pro Rata* Cash Payment based on shares to Settlement Class Members who submit a Valid Claim to receive this benefit, with each Claimant who is not a California Resident receiving one (1) share of the Settlement Remainder, and each Claimant who is a California Resident receiving two (2) shares of the Settlement Remainder.

☐ Yes, I choose an estimated *Pro Rata* Cash Payment.

☐ Yes, I am a California Resident and swear that I resided in California Resident at any point from September 17, 2024, until **the Claims Deadline**.

**IN ADDITION TO THE BENEFITS ABOVE, ALL SETTLEMENT CLASS MEMBERS WILL  
AUTOMATICALLY, WITHOUT SUBMITTING A SETTLEMENT CLAIM, WILL RECEIVE  
CREDIT MONITORING AND IDENTITY-PROTECTION SERVICES**

**VI. 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**, email **info@website.com**, or call toll-free **(XXX) XXX-XXXX**.



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