

Exhibit F

00000000000000

00000000000000

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

**CLAIM FORM FOR CALIFORNIA NORTHSTATE
UNIVERSITY DATA INCIDENT ACTION**

*Ganesh Sankar, Erika Titus-Lay, Jared Cavanaugh, and Kimberly
Vongnalith v. California Northstate University, LLC*
Lead Case No. 2:24-cv-00473-DAD-JDP
United States District Court for the Eastern District of California

**CALIFORNIA
NORTHSTATE
UNIVERSITY-C**

GENERAL INSTRUCTIONS

You have been identified by the Settlement Administrator as a Settlement Class Member who may have received a notice from Defendant that your Private Information may have been impacted by the Data Incident and were sent notification from Defendant that your Private Information was potentially accessible as a result of the Data Incident. You may submit a Claim for a Settlement Class Member Benefit, outlined below.

Please refer to the 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:

<<Mailing Caption>>
c/o Kroll Settlement Administration LLC
PO Box **XXXX**
New York, NY 10150-**XXXX**

Cash Payments will be adjusted up or down depending on the amount of Valid Claims. Any increases or decreases to Cash Payments will be on a *pro rata*, or equal percentage basis. **You may submit a Claim for one of the following benefits:**

- 1) ***Cash Payment A – Documented Losses:*** Settlement Class Members may submit a Claim for a Cash Payment for up to **\$5,000** per Settlement Class Member, upon submission of a Valid Claim and supporting documentation. Settlement Class Members will be required to submit reasonable documentation supporting the losses; **OR**
- 2) ***Cash Payment B – Flat Cash Payment:*** As an alternative to Cash Payment A – Documented Losses above, a Settlement Class Member may elect to receive Cash Payment B – Flat Cash Payment, which is a flat Cash Payment in an estimated amount of **\$100**.

In addition to a Cash Payment, Settlement Class Members may select the following:

- 3) ***Credit/Data Monitoring*** – Settlement Class Members may elect up to one (1) year of three-bureau Credit Monitoring that will provide the following benefits: three-bureau credit monitoring, dark web monitoring, identity theft insurance coverage for up to \$1,000,000, and fully managed identity recovery services.

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

00000
000000

CF
CF

Page 1 of 4
Page 1 of 4

00000000000000
0 0 0 0 0 0 0 0 0 0 0 0 0 0

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. 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 (optional): _____ @ _____ .com

Telephone Number: (_____) _____ - _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

☐

Check this box to certify if you are a person in the United States whose Private Information was potentially accessible as a result of the Data Incident, including those who were sent notification from Defendant that their Private Information was potentially accessible as a result of the Data Incident.

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

Class Member ID : 0 0 0 0 0 _____

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

00000
000000

CF
CF

Page 2 of 4
Page 2 of 4

00000000000000

0 0 0 0 0 0 0 0 0 0 0 0

IV. CASH PAYMENT A – DOCUMENTED LOSSES

All Settlement Class Members are eligible for compensation for up to \$5,000 per Settlement Class Member for documented losses incurred as a result of the Data Incident.

- (i) Settlement Class Members will be required to submit reasonable documentation supporting the losses. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the identity protection and credit monitoring services offered as part of the notification letter provided by Defendant or otherwise. If a Settlement Class Member does not submit reasonable documentation supporting a loss, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure his or her Claim, the Claim will be rejected and the Settlement Class Member's Claim will not receive a Cash Payment.

Settlement Class Members with documented losses must submit documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that document 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 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 Loss	Amount of Loss	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 or call (XXX) XXX-XXXX.

00000
000000

CF
CF

Page 3 of 4
Page 3 of 4

0000000000000000
0000000000000000

V. CASH PAYMENT B – FLAT CASH PAYMENT

By checking the below box, I choose an estimated \$100 Cash Payment. **Do not submit a Claim for Cash Payment A – Documented Losses.**

☐ Yes, I choose an estimated \$100 Cash Payment instead of the documented losses above.

IN ADDITION TO THE CASH PAYMENTS, YOU MAY ALSO SELECT THE SETTLEMENT CLASS MEMBER BENEFIT BELOW

VI. CREDIT MONITORING

☐ 1-year of three-bureau Credit Monitoring

Check the box above if you wish to receive, in addition to electing compensation for Cash Payment A or Cash Payment B, one (1) year of three-bureau Credit Monitoring that will provide the following benefits: three-bureau credit monitoring, dark web monitoring, identity theft insurance coverage for up to \$1,000,000, and fully managed identity recovery services. **You may also select Cash Payment A or Cash Payment B.**

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 or call (XXX) XXX-XXXX.

00000
000000

CF
CF

Page 4 of 4
Page 4 of 4