

CLAIM FORM
UNITYPOINT HEALTH SECURITY INCIDENT SETTLEMENT

Fox, et al. v. Iowa Health System, d/b/a UnityPoint Health
Case No. 18-CV-327-JDP (W.D. Wisc.)

Use this form to make a claim for credit monitoring and insurance services, and for cash payments for reimbursement of documented out-of-pocket costs and lost time.

The deadline to submit this Claim Form is MARCH 2, 2021.

Instructions for Completing the Enclosed Claim Form

If you were sent notice by UnityPoint Health in April and/or July 2018 that your personal information and/or protected health information may have been or was exposed to unauthorized third parties as a result of data security incidents, you are a Settlement Class Member. The data security incidents (“Security Incidents”) are described as the First Data Breach and the Second Data Breach in the Second Amended Class Action Complaint, which may be reviewed at www.UPHSettlement.com.

As a Settlement Class Member, you are eligible to receive (1) one year of comprehensive credit monitoring and identity theft protection services through Identity Guard’s Total Plan, including up to \$1 million in identity theft insurance; (2) cash payment for up to \$1,000 of Ordinary Expenses, including up to 3 hours of time valued at \$15 per hour as well as documented out-of-pocket costs related to the Security Incidents, such as the costs of credit monitoring and identity theft protection services; and (3) cash payment for up to \$6,000 of documented Extraordinary Expenses such as documented out-of-pocket costs or losses related to identity theft or fraud, including up to 10 additional hours of time valued at \$15 per hour.

To receive any of these benefits, you must submit the Claim Form below by MARCH 2, 2021.

(1) Credit Monitoring and Identity Theft Protection Services: All Settlement Class Members are eligible to receive one year of comprehensive credit monitoring and identity theft protection services through Identity Guard’s Total Plan, including up to \$1 million in identity theft insurance. You may defer the credit monitoring services for one year. **You must file a claim to obtain these services.** After you submit the Claim Form, if the Court approves the Settlement, you will receive an email with instructions to enroll in these services.

(2) Ordinary Expenses Reimbursement: All Settlement Class Members are eligible to obtain reimbursement for up to \$1,000 of Ordinary Expenses, including up to 3 hours of time valued at \$15 per hour as well as documented out-of-pocket costs related to the Security Incidents, such as the costs of credit monitoring and identity theft protection services. **You must file a claim to obtain such reimbursement.** These documented expenses or monetary losses must have been incurred as a result of the Security Incidents, between February 7, 2018, and March 2, 2021. They may include: (i) long distance telephone charges; (ii) cell minutes (if charged by minute), Internet usage charges (if charged by the minute or by the amount of data usage), and text messages (if charged by the message); (iii) postage; (iv) documented costs associated with miscellaneous expenses such as notary, fax, postage, copying, and mileage; (v) documented costs associated with credit freezes; (vi) documented costs of credit monitoring services active between February 7, 2018, and March 2, 2022—one year after the March 2, 2021 Claims Deadline; and (vii) up to three (3) hours of lost time compensated at \$15.00 per hour.

As noted above, you may obtain documented costs of credit monitoring services active between February 7, 2018, and **one year after the Claims Deadline** incurred as a result of the Security Incidents. In order to recover documented costs of credit monitoring services active between February 7, 2018, and March 2, 2022—one year after the March 2, 2021 Claims Deadline—incurred as a result of the Security Incidents, you must submit either (a) a receipt showing a one-year subscription to a credit monitoring service between February 7, 2018, and one year after the Claims Deadline incurred as a result of the Security Incidents; or (b) at least three receipts showing consecutive monthly payments to a credit monitoring service between February 7, 2018, and one year after the Claims Deadline incurred as a result of the Security Incidents and an attestation that you intend to continue subscribing to such service through at least one year after March 2, 2021. In the event that you have subscribed to a credit monitoring service on a monthly basis and have not yet made three consecutive monthly payments at the time you file a Claim, the Claims Administrator will give you the opportunity to provide the requisite additional documentation after filing a Claim.

(3) Extraordinary Reimbursement Terms: In addition to reimbursement for Ordinary Expenses, you may also be eligible for reimbursement of up to \$6,000 of documented Extraordinary Expenses if you experienced documented identity theft or fraud as a result of the Security Incidents, including up to ten additional hours of lost time compensated at \$15.00 per hour. **You must file a claim to obtain such reimbursement.** These documented losses must have been incurred as a result of the Security Incidents, between February 7, 2018, and March 2, 2021. To claim up to five hours of extraordinary lost time, you must have a documented Extraordinary Loss, and you must attest that you spent the time addressing identity theft or fraud as a result of the Security Incidents. To claim an additional five hours of extraordinary lost time, you must have a documented Extraordinary Loss, and you must make a documented or written explanation of how you spent the time and why it was reasonably necessary.

Extraordinary Expenses include: (i) documented professional fees and other costs incurred to address identity fraud or theft, including, but not limited to, falsified tax returns, new account fraud, existing account fraud, account takeover, and medical-identity theft; and (ii) other documented unreimbursed losses, fees, or charges incurred as a result of identity fraud or theft, including, but not limited to (a) unreimbursed bank fees, (b) unreimbursed card reissuance fees, (c) unreimbursed overdraft fees, (d) unreimbursed charges related to unavailability of funds, (e) unreimbursed late fees, (f) unreimbursed over-limit fees, (g) unreimbursed charges from banks or credit card companies, and (h) interest on payday loans due to card cancellation or due to over-limit situations.

Claim Submission: Carefully read this Claim Form and the full Notice available at www.UPHSettlement.com. The fastest way to submit a claim is online at www.UPHSettlement.com. Your electronic Claim Form must be submitted by March 2, 2021. If you submit a paper Claim Form, it must be postmarked no later than March 2, 2021, and addressed to:

UnityPoint Health Settlement
Claim Administrator
P.O. Box 4098
Portland, OR 97208-4098

Claim Verification: All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

Assistance: If you have questions about this Claim Form, please visit the Settlement website at www.UPHSettlement.com for additional information. You may also contact the Claims Administrator at 1-855-917-3553 or info@UPHSettlement.com.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the Claim, delay its processing, or otherwise adversely affect the Claim.

PLEASE KEEP A COPY OF YOUR CLAIM AND PROOF OF MAILING FOR YOUR RECORDS.

CLAIM FORM
UnityPoint Health Settlement Claim Form

I. Claimant Information

The Claim Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to the distribution of payments and Credit Monitoring and Insurance Services, you must notify the Claims Administrator in writing at the address noted in the Claim Form Instructions.

If your claim is approved, a check will be mailed to you at the address you provide here.

| | | |
|----------------------|----------------------|----------------------|
| First Name | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Mailing Address, Line 1: Street Address/P.O. Box

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Mailing Address, Line 2

| |
|----------------------|
| <input type="text"/> |
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| | | |
|----------------------|----------------------|----------------------|
| City | State | ZIP Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Email Address

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|----------------------|
| <input type="text"/> |
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Unique ID provided on mailed notice (if known)

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| <input type="text"/> |
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II. Credit Monitoring and Insurance Services

If you wish to receive Credit Monitoring and Insurance Services, please provide your email address in the space provided in the Claimant Information section above, check the box below certifying that you would like to receive Credit Monitoring and Insurance Services, and return this Claim Form. Submitting this Claim Form will not automatically enroll you into Credit Monitoring and Insurance Services. To enroll, you must follow the instructions which will be mailed or emailed to you after the Settlement becomes final.

- I would like to receive Credit Monitoring and Insurance Services and have provided my email address in the space provided above.

- If you already have credit monitoring and would like to have your Credit Monitoring and Insurance Services deferred by one year, check this box in addition to the box above.

III. Ordinary Expense Reimbursement

Review the instructions for an explanation of Ordinary Expense reimbursement that may be available to you.

You may receive reimbursement for up to three hours of time spent as a result of the Security Incidents, compensated at \$15 per hour. To do so, (1) state the number of hours (up to three) you spent addressing or remedying issues caused by the Security Incident(s); (2) sign the attestation at the end of this Claim Form, attesting that all information submitted is true and correct and that you incurred this time as a result of the Security Incidents; and (3) provide your address above.

State the number of hours that were spent as a result of the Security Incidents (up to three hours):

You may also receive reimbursement for documented expenses or out-of-pocket costs incurred as a result of the Security Incidents, up to \$1,000. To do so, (1) itemize your expenses or out-of-pocket costs in the chart below; (2) sign the attestation at the end of this Claim Form, attesting that all information submitted is true and correct, that you incurred these expenses as a result of the Security Incidents, and that none of your claimed out-of-pocket expenses have already been reimbursed by Experian or any other source; (3) include documentation supporting each claimed expense or cost with this Claim Form; and (4) provide your address above.

| Expense / Cost Type (Select all that apply) | Approximate Date(s) of Expense or Cost (MM-DD-YYYY) | Amount of Expense or Cost | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Long Distance Telephone Charges | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td></td> <td style="text-align: center;">YYYY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | - | | | - | | | | | MM | DD | | YYYY | | | | | | | \$ <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">•</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | • | | |
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| Description of Supporting Documentation (identify what you are attaching and why): <i>Example: Telephone bills with long distance charges circled.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cell Phone Minutes (if charged by minute); Internet usage charges (if charged by the minute or by the amount of data usage); and/or text messages (if charged by the message) | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td></td> <td style="text-align: center;">YYYY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | - | | | - | | | | | MM | DD | | YYYY | | | | | | | \$ <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">•</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | • | | |
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| Description of Supporting Documentation (identify what you are attaching and why): <i>Examples: Cell phone and/or internet bills with charges circled.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Postage | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td></td> <td style="text-align: center;">YYYY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | - | | | - | | | | | MM | DD | | YYYY | | | | | | | \$ <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center;">•</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | • | | |
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| Description of Supporting Documentation (identify what you are attaching and why): <i>Example: Postage receipts with charges circled.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Expense / Cost Type (Select all that apply) | Approximate Date(s) of Expense or Cost (MM-DD-YYYY) | Amount of Expense or Cost |
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| <input type="checkbox"/> Costs associated with miscellaneous expenses such as notary, fax, postage, copying, and mileage | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MM DD YYYY </div> | \$ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> • <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> </div> |

Description of Supporting Documentation (identify what you are attaching and why):
Examples: Gas receipts, detailed list of locations to which you traveled (such as police station or IRS office), indication of why you traveled there (i.e., police report or letter from IRS regarding falsified tax return), and number of miles you traveled.

| | | |
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| <input type="checkbox"/> Credit freeze expenses | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MM DD YYYY </div> | \$ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> • <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> </div> |
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Description of Supporting Documentation (identify what you are attaching and why):
Examples: Notices or account statements reflecting payment for a credit freeze.

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| <input type="checkbox"/> Credit monitoring costs that were incurred after February 7, 2018, through March 2, 2022 | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MM DD YYYY </div> | \$ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> • <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"> </div> </div> |
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Description of Supporting Documentation (identify what you are attaching and why):
Examples: Receipts or account statements reflecting purchases made for identity theft protection and/or credit monitoring services.

If you have a monthly subscription to a credit monitoring service, and you intend to continue subscribing to this credit monitoring service for up to March 2, 2022, include the amount of the payments you will make between now and March 2, 2022, in the total above and check here to attest that you will continue subscribing to this credit monitoring service through at least one year after March 2, 2021. To be valid, submit either (1) a receipt showing a one-year subscription to a credit monitoring service between February 7, 2018, and March 2, 2022; or (2) at least three receipts showing consecutive monthly payments to a credit monitoring service between February 7, 2018, and March 2, 2022—or, if you have fewer than three such receipts, attach at least one such receipt and the Claims Administrator will give you the opportunity to provide the requisite additional documentation after filing the Claim.

| Expense / Cost Type (Select all that apply) | Approximate Date(s) of Expense or Cost (MM-DD-YYYY) | Amount of Expense or Cost |
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| <input type="checkbox"/> Other (provide detailed description) | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> – <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> – <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> MM DD YYYY </div> | \$ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> • <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> </div> |

Description of Supporting Documentation (identify what you are attaching and why):
Please provide a detailed description below or in a separate document submitted with this Claim Form.

IV. Extraordinary Expense Reimbursement

Review explanation of Extraordinary Expense reimbursement in the instructions above. Extraordinary Expense reimbursement may be claimed in addition to any Ordinary Expense reimbursement. You may be eligible for Extraordinary Expense reimbursement if you incurred lost time, documented expenses, and/or monetary losses in connection with a documented identity theft or fraud you experienced as a result of the Security Incidents.

To claim **up to five** additional hours of lost time incurred in connection with identity theft or fraud as a result of the Security Incidents, compensated at \$15 per hour: (1) state below the number of hours (up to five) you spent; (2) sign the attestation at the end of this Claim Form, attesting that all information submitted is true and correct and that you incurred this time as a result of the Security Incidents; (3) provide reasonable documentation of the identity theft or fraud resulting from the Security Incidents; and (4) provide your address above.

To claim **five additional hours of lost time (up to ten hours total)**, compensated at \$15 per hour, you must: (1) state below the number of hours (up to ten) you spent; (2) sign the attestation at the end of this Claim Form, attesting that all information submitted is true and correct and that you incurred this time as a result of the Security Incidents; (3) provide reasonable documentation of the identity theft or fraud resulting from the Security Incidents; (4) provide your address above; and (5) include a written statement showing how you spent the time and why it was reasonably necessary.

State the number of hours that were incurred as result of identity theft or fraud (up to ten hours):

Description of Supporting Documentation of Identity Theft or Fraud Resulting from the Security Incidents

(identify what you are attaching and why):

Please provide a detailed description below or in a separate document submitted with this Claim Form.

If you are claiming between six and ten additional hours of lost time, state here how you spent those hours of time and why it was reasonably necessary:

To make a claim for Extraordinary Expense reimbursement, you must (1) itemize your expenses and/or losses in the chart below; (2) sign the attestation at the end of this Claim Form, attesting that all information submitted is true and correct, that you incurred these expenses as a result of the Security Incidents, and that none of your claimed out-of-pocket expenses have already been reimbursed by Experian or any other source; (3) include documentation supporting each claimed expense or loss with this Claim Form; and (4) provide your address above. If you do not attach documentation, your claim for this benefit will not be considered valid.

| Loss Type (Fill all that apply) | Approximate Date of Loss (MM-DD-YYYY) | Amount of Loss |
|--|---|--|
| <input type="checkbox"/> Unreimbursed losses, fees, or charges resulting from identity theft or fraud, such as (a) unreimbursed bank fees, (b) unreimbursed card reissuance fees, (c) unreimbursed overdraft fees, (d) unreimbursed charges related to unavailability of funds, (e) unreimbursed late fees, (f) unreimbursed over-limit fees, (g) unreimbursed charges from banks or credit card companies, and (h) interest on payday loans | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MM DD YYYY </div> | \$ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> |
| <p>Description of Reasonable Supporting Documentation (identify what you are attaching and why): <i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse your fraudulent charges; Letter from IRS or state taxing authority about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount thereof.</i></p> | | |
| <input type="checkbox"/> Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MM DD YYYY </div> | \$ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> |
| <p>Description of Supporting Documentation (identify what you are attaching and why): <i>Examples: Receipts for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i></p> | | |
| <input type="checkbox"/> Other losses or costs resulting from identity theft or fraud (provide detailed description) | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MM DD YYYY </div> | \$ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> |
| <p>Description of Supporting Documentation (identify what you are attaching and why): <i>Please provide a detailed description below or in a separate document submitted with this Claim Form.</i></p> | | |

V. Certification

I attest that all lost time and out-of-pocket expenses claimed were incurred as a result of the Security Incidents and have not already been reimbursed by Experian or any other source. All the information that I supplied in this Claim Form is true and correct to the best of my knowledge and belief, and this document is signed under penalty of perjury.

Signature

Date - -
MM DD YYYY