Stone v Accellion USA LLC, Case No. 21-2-01439-5 SEA

# **CLAIM FORM**

#### SETTLEMENT BENEFITS - WHAT YOU MAY GET

You may submit a claim form if you are an individual whose Personal Information was potentially compromised in the Data Security Incident involving the Office of the Washington State Auditor experienced on or about December 24, 2020.

The easiest way to submit a claim is online at www.SAOFTASettlement.com, or you can complete and mail this claim form to the mailing address above.

### You may submit a claim for one or more of these benefits:

### (1) <u>Compensation for Out-of-Pocket Losses</u>:

All Settlement Class Members may submit a Claim for a cash payment under this section for up to \$5,000.00 per Settlement Cass Member upon presentment of documented losses related to the Data Incident. You will be required to submit reasonable documentation supporting the losses.

Out-of-Pocket Losses may include but are not limited to: (a) monetary losses as a result of actual identity theft if: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was fairly traceable to the Data Incident; and (iii) the loss occurred between December 24, 2020 and the date the Settlement Claim was submitted; (b) postage; (c) copying, scanning, faxing; (d) mileage and other travel-related charges; (e) parking; (f) notary charges; (g) research charges; (h) cell phone charges (only if charged by the minute); (i) long distance phone charges; (j) data charges (only if charged based on the amount of data used); (k) text message charges (only if charged by the message); (l) bank fees; and (m) professional fees, such as fees for accountants and attorneys. You may make claims for any documented unreimbursed out-of-pocket losses reasonably related to the Data Incident or to mitigating the effects of the Data Incident.

## (2) Reimbursement for Lost Time ("Attested Time"):

Class Members who submit valid claims for out-of-pocket losses may also be eligible for compensation for time reasonably spent responding to the Data Security Incident. Eligible individuals can claim up to three (3) hours of lost time at a rate of \$30 per hour, for a maximum reimbursement of \$90. To qualify, claimants must provide a brief attestation describing the nature of the time spent and confirm that it was reasonably incurred as a result of the Data Incident. No additional documentation is required for this benefit beyond the attestation.

#### (3) Alternative Compensation:

As an alternative to filing a claim for Out-of-Pocket Losses or Attested Time, Settlement Class Members may submit a claim to receive Alternative Compensation payments from the Settlement Fund. These payments will be calculated by first deducting from the Settlement Fund claims for Out-Of-Pocket Losses, Attested Time, and all other expenses, claims, fee awards, costs, and service awards, and allocating the remainder evenly to all eligible Alternative Compensation claimants.

Claims must be submitted online or mailed by October 24, 2025. Use the address at the top of this form to mail your Claim Form.

Your Information						
1. NAME (REQUIRED):						
First Name		I Last Name				
2. MAILING ADDRESS (REQUIRED):						
Street Address						
Apt. No.		<del>-                                      </del>				
City				State Z	IP Code	
2. DHONE NUMBER.						
3. PHONE NUMBER:						
4. EMAIL ADDRESS:						
5. SETTLEMENT CLAIM ID:						
Alternative Compensation						
Payments may be made by electronic payment or by paper check. In the event that the total amount of Valid Claims exhausts the amount of the Settlement Fund, the amount of the Cash Payment may be reduced pro rata accordingly (after payment of all approved Out-of-Pocket Loss Claims, Attested Time, Settlement Administration costs, Service Awards, and Plaintiffs' Counsel's Fees and Expenses).  I wish to receive an Alternative Compensation Cash Payment.						

#### **Reimbursement for Out-of-Pocket Losses**

You can receive reimbursement for up to a total of \$5,000.00 per person for documented out-of-pocket expenses related to the Data Incident incurred by a Settlement Class Member on or after December 24, 2020, through the date of Claim submission.

You must submit documentation supporting your Claim Form for Out-of-Pocket Losses, (a) monetary losses as a result of actual identity theft if: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was fairly traceable to the Data Incident; and (iii) the loss occurred between December 24, 2020 and the date the Settlement Claim was submitted; (b) postage; (c) copying, scanning, faxing; (d) mileage and other travel-related charges; (e) parking; (f) notary charges; (g) research charges; (h) cell phone charges (only if charged by the minute); (i) long distance phone charges; (j) data charges (only if charged based on the amount of data used); (k) text message charges (only if charged by the message); (l) bank fees; and (m) professional fees, such as fees for accountants and attorneys.

Expense Type	Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
Out-of-pocket monetary losses as a result of actual identity theft incurred on or after December 24, 2020, through the date of claim submission (provide a detailed description).	Amount: \$  Date://	
Unreimbursed bank fees or professional fees, such as fees for accountants, attorneys, or credit monitoring or repair services.	Amount: \$  Date:/	
Unreimbursed phone, text, or data charges, postage, copying, scanning, faxing, or travel related charges, such as mileage, gas, or parking.	Amount: \$  Date:/	
Other out-of-pocket losses reasonably related to the Data Incident or to mitigating the effects of the Data Incident (provide a detailed description).	Amount: \$  Date:/	

		Reimbursement for Lost Tin	ne ("Attested Time")			
Eligible individuals can claim up to three (3) hours of lost time at a rate of \$30 per hour, for a maximum reimbursement of \$90. To qualify, claimants must provide a brief attestation describing the nature of the time spent and confirm that it was reasonably incurred as a result of the Data Incident. To be eligible for Attested time you must submit a valid Claim with supporting documentation in the Out-of-Pocket Losses Section above. No additional documentation is required for this benefit beyond the attestation.						
	Hours claimed (up	to 3) [ ] 1 Hour (\$30)	[ ] 2 Hours (\$60)	[ ] 3 Hours (\$90)		
Attesta	tion:					
		Payment Sele	ection			
	e select one of the followers ement payment:	owing payment options, which	n will be used should yo	u be eligible to receive		
	PayPal – Enter the r	nobile number or email addres	s associated with your I	PayPal account:		
	Venmo – Enter the	mobile number associated with	n your Venmo account:	-		
	Zelle – Enter the mo	bile number associated with y	our Zelle account:	-		
	Physical Check - Pa	yment will be mailed to the ac	dress provided above.			
Signature						
I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.						
	erstand that I may be is complete.	e asked to provide more infor	mation by the Claims A	Administrator before my		
Printe	d Name	Signature				