

Your Claim Form must be submitted online or postmarked by:
August 24, 2024

### CLAIM FORM FOR NEWCOURSE DATA SECURITY INCIDENT SETTLEMENT

AREND ET AL V. NEWCOURSE COMMUNICATIONS, INC. ET AL.

Case No.: 23C303

In the Circuit Court of Davidson County, Tennessee, Twentieth

Judicial District at Nashville

NEWCOURSE COMMUNICATIONS

# USE THIS FORM ONLY IF YOU ARE A SETTLEMENT CLASS MEMBER TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES

#### **GENERAL INSTRUCTIONS**

If you are a member of the Settlement Class, you are eligible to complete this Claim Form to claim (1) Identity Theft Monitoring Services at all three credit bureaus and identity theft protection with \$1 million in identity theft insurance coverage; (2) up to five hours of Attested Time compensable at \$20 per hour; (3) up to \$500 for reimbursement for documented Out-of-Pocket Expenses and/or (4) up to \$4,000 for proven Financial Losses if you were the victim of actual, documented identity theft.

Please refer to the Notice posted on the Settlement Website www.NewcourseDataBreachSettlement.com, for more information on submitting a Claim Form and information on the aggregate cap on Claims.

### To receive any of these benefits, you must submit the Claim Form below by August 24, 2024.

This Claim Form may be submitted electronically *via* the Settlement Website at www.NewcourseDataBreachSettlement.com or completed and 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:

Arend et al. v. Newcourse Communications, Inc. et al. c/o Kroll Settlement Administration LLC PO Box 225391 New York, NY 10150- 5391

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You	must notify the Settlement Administrator if your contact
nformation changes after you submit this Claim Form.	, , , , , , , , , , , , , , , , , , , ,
First Name	Last Name

Address 1

Address 2









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City	State	Zip Code
Email Address (optional):		
Telephone Number: ( )		
II. PROOF OF CLASS MEMBERSHIP		_
Check this box to certify that you are a person residing in Number was compromised by the Data Breach and you wor about October 31, 2022; or (b) your Social Security Number emailed notification of by or on behalf of Newcourse Newcourse and/or First United Bank on or before the dayour personal information resulting in harm because of the Enter the Class Member ID provided on your postcard Notice or the Class Member ID: 8 3 0 4 2	ere mailed notification by mber was not compromise or First United Bank and ate of the Settlement Agree Data Breach.	or on behalf of Newcourse on ed by the Data Breach but you you asserted a claim against eement for alleged misuse of
III. IDENTITY THEFT MONITORING SERVICES		
Check this box if you wish to receive free Identity Theft Mother theft protection with \$1 million in insurance. If you check Monitoring Services.		
IV. COMPENSATION FOR ATTESTED TIME		
All Settlement Class Members who have spent time dealing win Attested Time at a rate of \$20 per hour.	th the Data Breach may c	claim up to five (5) hours for
Hours claimed (up to 5 hours – check one box) 🔲 1 Hour 🔲	2 Hours 🔲 3 Hours 🗀	4 Hours
I attest and affirm under penalty of perjury that the time to the Data Breach.	I have claimed above as Att	tested Time was spent related









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related to the Data Breach. Check all activities, below, which apply.		
	Calling bank/credit card customer service lines regarding fraudulent transactions.	
	Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.	
	Time on the internet verifying fraudulent transactions.	
	Time on the internet updating automatic payment programs due to new card issuance.	
	Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.	
	Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.	
	Other. Provide description(s) here:	
V. R	REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES	
All m	REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES  nembers of the Settlement Class who submit a valid Claim using this Claim Form are eligible for reimbursement of umented Out-of-Pocket Expenses, not to exceed \$500 per Settlement Class Member, that were incurred as a result of Data Breach. You must submit documentation to obtain this reimbursement.	
All m	nembers of the Settlement Class who submit a valid Claim using this Claim Form are eligible for reimbursement of umented Out-of-Pocket Expenses, not to exceed \$500 per Settlement Class Member, that were incurred as a result of	
All m docu	nembers of the Settlement Class who submit a valid Claim using this Claim Form are eligible for reimbursement of umented Out-of-Pocket Expenses, not to exceed \$500 per Settlement Class Member, that were incurred as a result of Data Breach. You must submit documentation to obtain this reimbursement.  Cost Type  Approximate Date of Loss	

Questions? Go to www.NewcourseDataBreachSettlement.com or call (833) 522-9119

any documented Out-of-Pocket Expenses that you believe are reasonably related to the Data Breach or to mitigating the effects



of the Data Breach.







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#### VI. REIMBURSEMENT FOR FINANCIAL LOSSES

Settlement Class Members who were a victim of actual documented identity theft may submit a Claim Form for reimbursement of **documented and proven** Financial Losses, not to exceed \$4,000 per Settlement Class Member, that were incurred as a result of the Data Breach. Generally, a Financial Loss is an unreimbursed monetary loss as the direct result of financial fraud or identity theft.

A Financial Loss must meet the following criteria: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss is fairly traceable to the Data Breach; (iii) the loss occurred between April 27, 2022, and August 24, 2024; (iv) the loss is not already covered by one or more of the normal reimbursement categories above; and (v) the Settlement Class Member 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.

You must submit documentation to obtain this reimbursement.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
O Financial Losses incurred as a result of the Data Breach		\$
Provide a written description of your Fina	ancial Losses:	
YOU MUST SUBMIT DOCUMENTATION OF YOUR FINANCIAL LOSSES.		









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#### **VII. PAYMENT SELECTION**

If you would like to elect to receive your Settlement Payment through electronic transfer, please visit the Settlement Website and file your Claim Form online. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

#### **VII. ATTESTATION & SIGNATURE**

	laws of my state that the information I have supplied in this Claim Form is true and correct to nd that this form was executed on the date set forth below.
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 section of the Settlement Website at <a href="www.NewcourseDataBreachSettlement.com">www.NewcourseDataBreachSettlement.com</a> and provide your updated address information. Make sure to include your Class Member ID and your telephone number in case we need to contact you in order to complete your request.

For more information, please visit the Settlement Website at www.NewcourseDataBreachSettlement.com, or call the Settlement Administrator at (833) 522-9119. Please do not call the Court or the Clerk of the Court for additional information.





