

Clark v. National Institutes of Health Federal Credit Union

CLAIM FORM

Case No. 2023-CA-013687

Submit electronically on Settlement website or return this Claim Form to: Claim Administrator, P.O. Box 59479, Philadelphia, PA 19102-9479. Questions, visit www.NIHFCUDataSettlement.com or call 1-866-742-4955.

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY MARCH 20, 2024 BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that this Claim Form may be researched and verified by the Claim Administrator.

YOUR CONTACT INFORMATION

Name: _____
(First) (Middle) (Last)

Current Address: _____

(City) (State) (ZIP Code)

Email address (required to obtain credit monitoring): _____

Check this box if you wish to receive credit monitoring for one year with one credit bureau.

Current Phone Number: (_____)_____-_____
(Please provide a phone number where you can be reached if further information is required.)

Username _____

SETTLEMENT CLASS MEMBER VERIFICATION

By submitting this claim form, I attest that to the best of my knowledge, that I am a member of the Class.

Additional information regarding the Settlement can be found at visit www.NIHFCUDataSettlement.com

Signature: _____ Date: _____

Print Name: _____

If you have questions, you may call the Claim Administrator at 1-866-742-4955 or email info@rg2claims.com.

Claim Information

Claim A: Ordinary Losses

To obtain reimbursement under this category, you must attest to one or more, if applicable, of the following:

I incurred unreimbursed losses relating to fraud or identity theft as a direct result of the Data Incident including fees for credit reports, credit monitoring, or other identity theft insurance product purchased between April 11, 2023 and the close of the Claims Period and miscellaneous expenses such as bank fees supported by documentation substantiating the full extent of the amount claimed; long distance phone charges; cell phone charges (only if charged by the minute); data charges (only if charged based on the amount of data used); postage; gasoline for local travel.

Total Amount of Ordinary Losses \$ _____

If you attested to the above, please provide a description of each expense or loss claimed, the date of loss, the dollar amount of the loss, and the type of supporting documentation you will be submitting to support the loss.

You must provide ALL of this information for this claim to be processed.

Claim A: Ordinary Losses – Out-of-Pocket Expense Reimbursement

(Settlement Class Members are eligible for compensation for up to a total of \$200.00 per person for Ordinary Losses, including expenses and lost time)

Description of the Expense	Date	Amount	Supporting Documentation
Examples: Ordered credit reports	6/10/23	\$30.00	Copy of invoice/billing statement
Mailed police reports to private provider	6/10/23	\$5.00	Copy of receipt from U.S. Post Office
TOTAL (maximum \$200.00 can be claimed)			

List any additional expenses on a separate sheet and submit with this Claim Form.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

Claim B: Ordinary Losses – Lost Time Reimbursement

Lost Time may include up to 4 hours of lost time at \$22.50 per hour, for time spent dealing with the Data Incident.

If you elect to obtain reimbursement for personal time spent addressing issues arising out of the Data Incident, you must attest to the following:

I spent personal time addressing issues arising out of the Data Incident to try to prevent, detect, contest, remediate and/or repair related damages as a result of the Data Incident.

Number of hours

1 hour 2 hours 3 hours 4 hours

Claim C: Extraordinary Losses

To obtain reimbursement under this category, you must attest to the following:

I experienced an incident of identity theft, tax fraud, other form of fraud, and/or other actual misuse of my personal information as a result of the Data Incident; **AND** I affirm that the loss occurred after April 11, 2023; **AND** the loss is not already covered by one or more of the ordinary loss compensation categories under Claim A or B; **AND** I made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance; **AND** I affirm that I have documentation of the incident and my associated expenses and have submitted such documentation with this Claim Form; **AND** I affirm that none of the claimed expenses have already been reimbursed by any other source.

Please provide documentation supporting **both** your claim and your associated expenses.

An example of documentation supporting your claim would include a letter from your health insurance company, financial institution, credit reporting agency, or another source informing you that a false medical insurance claim had been filed or fraudulent financial loss had to be reversed.

An example of documentation supporting your associated expenses would include receipts, voided checks, bank statements, or other documents showing the amount of your losses and/or a detailed narrative description of what happened and what losses you incurred.

Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.

Claim C: Extraordinary Losses – Out-of-Pocket Expense Reimbursement			
(Settlement Class Members are eligible for compensation for up to a total of \$2,750.00 per person for Extraordinary Losses)			
Description of the Expense	Date	Amount	Supporting Documentation
Examples: Unreimbursed fraudulent medical bills	6/15/23	\$200.00	Copy of invoice/billing statement
Unreimbursed charged from account fraudulently opened with my identity.	6/15/23	\$100.00	Copy of invoice/billing statement and report of identity theft to account company
TOTAL (maximum \$2,750.00)			
List any additional expenses on a separate sheet and submit with this Claim Form.			
Failure to affirm or provide appropriate documentation will result in a delay in processing and may result in the denial of your claim.			

In order to be eligible for compensation under Claim C, you must certify below that you have made reasonable efforts to avoid or seek reimbursement for the loss.

Certification

- I understand that my Claim and the information provided above will be subject to verification.
- By submitting this Claim Form, I certify and declare that the information provided in this Claim Form is true and correct and that this form was executed on the date set forth below. I further certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.