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WINSTEAD V. COMPLYRIGHT, INC.
UNITED STATES DISTRICT COURT,
NORTHERN DISTRICT OF ILLINOIS

Case No. 1:18-CV-4990 (N.D. Ill.)

**Must Be Postmarked
No Later Than
December 6, 2019**

Claim Form

CLAIMANT INFORMATION

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City												State			Zip Code						
Foreign Province										Foreign Postal Code						Foreign Country Name/Abbreviation					

USE THIS FORM TO MAKE A CLAIM FOR PROTECTION PLAN OR CASH OR REIMBURSEMENT

The DEADLINE to submit or mail this Claim Form is: DECEMBER 6, 2019

I. GENERAL INSTRUCTIONS

If your Personal Information (name, address, telephone number, email address, or Social Security number) was maintained on ComplyRight’s website during the Data Breach that occurred from at least April 20, 2018 through May 22, 2018, including if you were sent the July 13, 2018 letter informing you of the Data Breach, you are a “Settlement Class Member.” If you received a notice about this class action settlement addressed to you, then the Settlement Administrator has already determined that you are a Settlement Class Member.

As a Settlement Class Member, you are eligible to receive your choice of (1) a Protection Plan, or (2) Cash payment, or (3) Reimbursement.

- Protection Plan:** a two-year subscription to MyIDCare®, provided by ID Experts Corp. The MyIDCare® subscription will include (1) credit monitoring by Experian (or another qualified company approved by Co-Lead Settlement Class Counsel), (2) dark web monitoring, (3) Fully Managed Recovery (full services), (4) \$1,000,000 insurance coverage for reimbursement of losses attributable to the Data Breach (once enrolled), (5) Member Advisory Services, (6) Lost Wallet Assistance, and (7) 24-Hour Customer Service for each of the above. Complete details regarding this Protection Plan are available at www.MyIDCare.com.
- Cash:** an *estimated* \$50 payment. Cash payment amounts may be reduced or increased pro rata (proportionately), depending on how many people submit valid claims for Cash or Reimbursement and the amount of money remaining in the net Settlement Fund after Administrative Expenses are deducted.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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3. **Reimbursement:** up to \$200 reimbursement of certain documented expenses actually incurred as a result of the Data Breach that were not reimbursed by insurance or another third party. The following losses and expenses are eligible for reimbursement if documentation is provided with this Claim Form:

- a. Documented Time—up to \$15 per hour for a maximum of 3 hours (\$45 total)—associated with visits and calls required to correct issues directly related to the Data Breach; and
- b. Documented out-of-pocket Costs directly related to the Data Breach, such as the costs associated with purchasing police reports, late charges, overdraft fees or other fees, as well as other similar expenses directly related to the Data Breach and expended in good faith, at the Settlement Administrator’s discretion.

This Claim Form may be completed and mailed to the address below, or you may submit an Online claim on the settlement website: www.ComplyRightSettlement.com. 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:

ComplyRight Settlement Administrator
P.O. Box 404149
Louisville, KY 40233-4149

II. BENEFIT SELECTION (CHOOSE ONLY ONE)

Protection Plan: If you wish to receive the Protection Plan, please fill in the circle below, provide your email address in the space provided, sign and return this Claim Form. Submitting this Claim Form will not automatically enroll you in the Protection Plan. To enroll, you must follow the instructions that will be sent to you using the email address you provide, after the Settlement is approved and becomes final (the “Effective Date”).

I would like to receive the Protection Plan. I have provided my email address.

Cash: If you wish to receive a Cash payment (estimated to be \$50), fill in the circle below, provide the email address associated with your PayPal or Zelle account below, sign and return this Claim Form. A check will be mailed to the address above or will be deposited in the PayPal or Zelle account provided below.

I would like to receive Cash.

The email address associated with my PayPal account is [OPTIONAL]:

The email address associated with my Zelle account is [OPTIONAL]:

Reimbursement: If you wish to receive Reimbursement (up to \$200) of certain documented expenses actually incurred as a result of the Data Breach that were not reimbursed by insurance or another third party, fill in the circle below, complete the table, attach copies of supporting documentation (receipts), and sign and return this Claim Form. A check will be mailed to the address above or will be deposited in the PayPal or Zelle account provided below.

I would like to receive Reimbursement. I have provided information below and attached copies of documents that support my claim.

The email address associated with my PayPal account is [OPTIONAL]:

The email address associated with my Zelle account is [OPTIONAL]:

In order to make a claim for Reimbursement, complete the information below, sign the attestation at the end of this Claim Form (section III), and include copies of documents supporting each claim.



Cost Type

(Fill in all that apply)

Purchase of police reports

Approximate Date: MM / DD / YYYY

Amount: \$ [] [] [] [] [] [] . [] []

Description of Supporting Documentation
(what you must attach)

Examples: Receipts for the purchase of police reports

Late charges or other fees

Approximate Date: MM / DD / YYYY

Amount: \$ [] [] [] [] [] [] . [] []

Description of Supporting Documentation
(what you must attach)

Examples: Receipt or account statements illustrating late charges or other fees paid because of the Incident, including overdraft fees

Other expenses directly related to the Data Breach

Approximate Date: MM / DD / YYYY

Amount: \$ [] [] [] [] [] [] . [] []

Description of Supporting Documentation
(what you must attach)

Examples: Receipts, account statements, etc.

Time

Complete information on next page.



Number of hours spent remedying issues relating to the Incident: (max of 3)

Name of the person who spent these hours (if different):

First Name M.I. Last Name

Date of hours: / /

Location:

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

Address, Line 2

City State Zip Code

Purpose (event that resulted in the time expenditure):

III. SIGNATURE

I swear and affirm that the foregoing is true and correct.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____ Date of Birth (mm/dd/yyyy): _____

Email Address (Required for Protection Plan)

— —
Area Code Telephone Number (Home)

— —
Area Code Telephone Number (Mobile)

