



690870000000

CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you received a notification from Marymount Manhattan College that your personal information was or may have been compromised in the data security incident in or about November 2021 (the “Data Incident”), and you had Ordinary Out-of-Pocket Losses or lost time spent dealing with the Data Incident, or you wish to Claim Credit Monitoring Services to be paid for by Marymount Manhattan College, or you wish to Claim an Alternative Cash Payment in lieu of any other benefits that may be available under the Settlement. You may get a check if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment. The Settlement establishes a \$1,300,000.00 fund to compensate Settlement Class Members for their lost time and Ordinary Out-of-Pocket Losses as well as for the costs of notice and administration, certain taxes, Service Award Payments, and attorney Fee Awards and Costs as awarded by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, www.marymountsettlement.com, or call 1-833-747-6767 for more information.

If you wish to submit a Claim for a Settlement Payment, you need to provide the information requested below. Please print clearly in blue or black ink. The **DEADLINE** to submit this Claim Form online (or have it postmarked for mailing) is **August 15, 2023**.

Si necesita ayuda en español, comuníquese con el administrador al 1-833-747-6767.

1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

Name: _____

Address: _____

Telephone: (____) - ____ - _____

Email: _____ @ _____

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and Sections III through V of the Settlement Agreement (available at www.marymountsettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a Settlement Payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include out-of-pocket losses that you had to pay as a result of the Data Incident, time you had to spend dealing with the effects of the Data Incident, and up to one year of credit monitoring and identity protection services. Alternatively, you may claim an Alternative Cash Payment in lieu of any other benefits that may be available under this Settlement.



69087



CF



Page 1 of 4

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your Claim, you may mark out any unrelated transactions if you wish).

a. Ordinary Out-of-Pocket Losses Resulting from the Data Incident:

_____ I incurred unreimbursed charges as a result of the Data Incident.

Examples - unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your information; costs incurred on or after November 12, 2021 through August 15, 2023 associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after November 12, 2021 through August 15, 2023.

Total amount for this category \$ _____

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between November 12, 2021 through August 15, 2023, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose).

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

b. Extraordinary Out-of-Pocket Losses Resulting from the Data Incident:

_____ I incurred unreimbursed charges as a result of the Data Incident.

Examples - unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your information; costs incurred on or after November 12, 2021 through August 15, 2023 associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after November 12, 2021 through August 15, 2023.

Total amount for this category \$ _____

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between November 12, 2021 through August 15, 2023, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose).



Additionally, you must provide documentation demonstrating that you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of the benefits made available any credit card, credit monitoring/identity protection or financial service(s).

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

c. Between one and five hours of documented time spent dealing with the Data Incident:

_____ I certify that I spent time dealing with the effects of the Data Incident.

Examples – You spent valuable time calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. You spent valuable time signing up for credit monitoring or identity theft protection services or freezing/unfreezing credit reports with any credit reporting agency.

I certify that the following amount of time in response to the Data incident:

_____ hour(s) _____ minute(s)

Please describe the time spent dealing with the effects of the Data Incident:

d. Claim up to 1-year of credit monitoring and identity protection services:

_____ I would like to claim 1-year of credit monitoring and identity protection services.

The Settlement requires Marymount Manhattan College to provide up to one-year of credit monitoring and identity protection services to any Settlement Class Member who timely claims it.

e. In lieu of any other benefits above, claim an Alternative Cash Payment of \$150.00:

_____ I would like to claim an Alternative Cash Payment.

The Settlement requires Marymount Manhattan College to provide an Alternative Cash Payment to any Settlement Class Member who timely claims it. This is in lieu of any other benefits which may be available under the Settlement outlined above.

*****If you file a claim for an alternative cash payment you cannot file a claim any other benefits under (a) through (d) above.**



3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my Claim will be considered complete and valid.

Signature: _____

Date: ____ / ____ / ____

Printed Name: _____

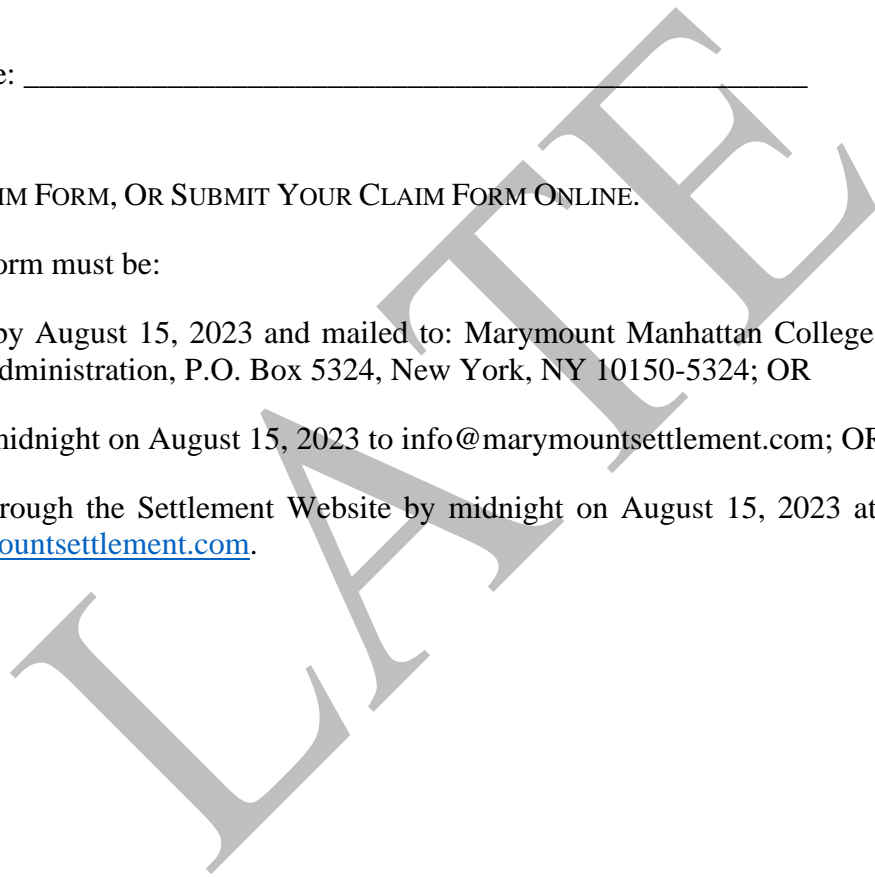
4. MAIL YOUR CLAIM FORM, OR SUBMIT YOUR CLAIM FORM ONLINE.

This Claim form must be:

Postmarked by August 15, 2023 and mailed to: Marymount Manhattan College Data Incident, c/o Kroll Settlement Administration, P.O. Box 5324, New York, NY 10150-5324; OR

Emailed by midnight on August 15, 2023 to info@marymountsettlement.com; OR

Submitted through the Settlement Website by midnight on August 15, 2023 at: www.marymountsettlement.com.



69087



CF



Page 4 of 4