

**CLAIM FORM FOR INMEDIATA SECURITY INCIDENT
SETTLEMENT BENEFITS**

Inmediata Data Security Litigation, Case No. 3:19-cv-01811

USE THIS FORM TO MAKE A CLAIM FOR CREDIT MONITORING AND INSURANCE SERVICES; CASH PAYMENTS FOR REIMBURSEMENT OF OUT-OF-POCKET LOSSES OR THE DEFAULT SETTLEMENT PAYMENT, AND CALIFORNIA SETTLEMENT PAYMENT

The DEADLINE to submit this Claim Form is: March 21, 2022

I. GENERAL INSTRUCTIONS

If you were notified that your private information (“Personal Information”) could have been accessed in the Security Incident wherein Inmediata’s computer network system was the target of an external criminal-cyberattack that began in January 2019, you are a “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 Class Member.

As a Class Member, you are eligible to receive two years of free Credit Monitoring and Identity Theft Insurance Services (“Credit Monitoring & Insurance Services”), up to a \$2,500 cash payment for reimbursement of costs or expenditures actually incurred and that are plausibly traceable to the Security Incident (“Out-of-Pocket Losses”), and a cash payment of up to \$50 if you were a California resident as of January 1, 2019 and you received a notice from Inmediata that your information could have been accessed in the Security Incident, as compensation under the California Confidentiality of Medical Information Act (“California Settlement Payment”).

The free Credit Monitoring & Insurance Services will be the Web Watcher plan provided by Kroll’s, valued at \$47 per year. If you already subscribed to the Web Watcher plan with Kroll’s, one additional year will be added to your current plan for free. If you already have a similar service from another provider, you can request that this service start after your other service expires.

To claim the Credit Monitoring & Insurance Services, you need only provide your email address and the unique claim number provided to you in the notice that you received by e-mail.

Cash payments amounts may be reduced *pro rata* (proportionately) depending on how many people submit such claims. Additional payments may also be sent. Complete information about the Settlement and its benefits are available at www.inmediatadatabreachsettlement.com.

This Claim Form may be submitted electronically *via* the Settlement Website at www.inmediatadatabreachsettlement.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:

Inmediata Security Incident Settlement
c/o ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781

**OUT-OF-POCKET LOSSES FOR TIME EXPENDITURES
(REQUIRED FOR CLAIMS FOR OUT-OF-POCKET LOSSES FOR TIME EXPENDITURES)**

You can make a claim of up to three (3) hours of time at \$15 per hour for time spent addressing or remediating issues caused by the Security Incident by submitting Reasonable Documentation of your lost time.

Please State Number of Hours Here:

Out-of-Pocket Losses for Time Expenditures will be deemed plausibly traceable to the Security Incident by the Settlement Administrator if the Out-of-Pocket Losses for Time Expenditures occurred on or after January 1, 2019, and the Settlement Administrator determines that the Out-of-Pocket Losses for Time Expenditures were incurred as a result of the Security Incident.

Note: If your claim for Out-of-Pocket Losses is rejected by the Settlement Administrator for any reason and you do not cure the defect, you will receive Credit Monitory & Insurance Services instead.

V. CALIFORNIA SETTLEMENT PAYMENT

In addition to Credit Monitoring & Insurance Services and reimbursement of Out-of-Pocket Losses or the Default Settlement Payment, you may file a claim for the California Settlement Payment of up to \$50 if, as of January 1, 2019, you were a California resident, and you received a notice from Inmediata that your information could have been accessed in the Security Incident.

If you qualify and wish to receive the California Settlement Payment, simply check the box below, and return this Claim Form.

Yes, I would like to receive the California Settlement Payment.

**VI. ATTESTATION
(REQUIRED FOR CLAIMS FOR OUT-OF-POCKET LOSSES)**

I, _____, declare that I expended the Out-of-Pocket Losses claimed above.
[Name]

I declare under penalty of perjury under the laws of _____ and of the United States of America
[State]

that the foregoing is true and correct. Executed on _____, in _____,
[Date] [City]

[State]

[Signature]