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

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments and Credit Monitoring & Insurance Services, you must notify the Settlement Administrator in writing at the address above.

First Name												M.	I.	Las	st N	ame	•									
Mailing Address, Line 1: Street Address/P.O. Box																										
Mailing Address, Line 2:																										
City: State: Zip Code:																										
Telephone Numbers (Home) Telephone Numbers (Other)																										
			-				-								Ī	-				-						
Email Address (for Credit Monitoring & Insurance Services)																										
Date of Birth (mm/dd/yyyy) Unique ID Provided on mailed Notice (if known)																										
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You will receive your payment by check in the mail.

III. CREDIT MONITORING & INSURANCE SERVICES

If you wish to receive Credit Monitoring & Insurance Services, please provide your email address in the space provided in Section II, above, and return this Claim Form. Submitting this Claim Form will not automatically enroll you into Credit Monitoring & Insurance Services. To enroll, you must follow the instructions sent to your email address, above, after the Settlement is approved and becomes final (the "Effective Date").

IV. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

In addition to Credit Monitoring & Insurance Services, you may also seek reimbursement for up to \$2,500 of Out-of-Pocket Losses you incurred that are plausibly traceable to the Security Incident. Out-of-Pocket Losses include, for example: late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, card cancellation or replacement fees, credit-related costs related to purchasing credit reports, credit monitoring or identity theft protection, costs to place a freeze or alert on credit reports, costs to replace a driver's license, state identification card, or social security number, which are attributable to the Security Incident.

In order to make a claim for Out-of-Pocket Losses you must (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section VI); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Out-of-Pocket Losses will be deemed plausibly traceable to the Security Incident by the Settlement Administrator if the Out-of-Pocket Losses occurred on or after January 1, 2019 through the date of your claim submission, and the Settlement Administrator determines that the Out-of-Pocket Losses were incurred as a result of the Security Incident.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss							
O Unreimbursed fraud losses or charges	(mm/dd/yy)	\$.							
Description of Supporting Reasonable I		•							
Examples: Account statement with unauth		ondence from financial institution							
declining to reimburse you for fraudulent	charges								
0									
O Professional fees incurred in		 \$ 							
connection with identity theft or falsified tax returns	(mm/dd/yy)								
Description of Supporting Reasonable I	Documentation (Identify what you ar	e attaching and why):							
Examples: Receipt for hiring service to a									
return									
O Lost interest or other damages									
resulting from a delayed state and/or		\$							
federal tax refund in connection	(mm/dd/yy)								
with fraudulent tax return filing									
Description of Supporting Reasonable I									
Examples: Letter from IRS or state about to receive your tax refund and the amount		eflecting length of time you waited							
to receive your tax rejuna and the amount									
		\$.							
O Credit freeze	(mm/dd/yy)								
Description of Supporting Reasonable Documentation (Identify what you are attaching and why):									
Examples: Notices or account statements		e attaching and why).							
•									

O Credit monitoring that was ordered after January 1, 2019 through the date on which the Credit Monitoring & Insurance Services become available through this Settlement	(mm/dd/yy)	\$								
Description of Supporting Reasonable Documentation (Identify what you are attaching and why): Example: Receipts or account statements reflecting purchases made for Credit Monitoring & Insurance Service										
O Miscellaneous expenses such as notary, fax, postage, copying,		\$.								
mileage, and long- distance telephone charges	(mm/dd/yy)									
Description of Supporting Reasonable Documentation (Identify what you are attaching and why): Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled										
O Other (provided detailed description)	(mm/dd/yy)	\$.								
Description of Supporting Reasonable Documentation (Identify what you are attaching and why): Please provide detailed description below or in a separate document submitted with this Claim Form										
Time Expenditures: Hours for time spent taking actions intended to remedy fraud, identity theft, or other misuse of Personal Information IMPORTANT: To make a claim for reimbursement of Out-of-Pocket Losses for Time Expenditures, you must: (i) check the appropriate box in the "Out-of-Pocket Losses for Time Expenditures" Section below, and indicate whether you have provided Reasonable Documentation of your lost time, (ii) state the number of hours you spent addressing or remedying the issues caused by the Security Incident, and (iii) sign the attestation at the end of this Claim Form.										
Description of Supporting Reasonable I	Documentation (Identify what you a	re attaching and why):								

OUT-OF-POCKET LOSSES (REQUIRED FOR CLAIMS FOR OUT-OF-PO								
You can make a claim of up to three (3) hours of time issues caused by the Security Incident by submitting								
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 SET	TTLEMENT I	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 Settle this Claim Form.	ement Paymen	t, simply check the box below, and return						
Yes, I would like to receive the California Sett	lement Paymen	t.						
VI. ATT (REQUIRED FOR CLAIMS F	ESTATION OR OUT-OF-	POCKET LOSSES)						
I,, declare that I e	expended the O	ut-of-Pocket Losses claimed above.						
I declare under penalty of perjury under the laws of								
that the foregoing is true and correct. Executed on	[Date]	, in						
[State]	[Dute]	[City]						
		[Signature]						