

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF MONROE
Baires-Rodriguez, et al. v. St. Francis College, Index No. E2022006634

CLAIM FORM

If you were notified by St. Francis College as a result of the data security incident perpetrated against St. Francis on or about November/December 2018 (the “Data Security Incident”), you may submit a claim for one or more of the following benefits:

1. **Credit Monitoring.** You can enroll in Pango Identity Defense Complete protection services for a period of three (3) years. The three years of service is above and beyond any services previously offered by St. Francis following the Data Security Incident. Pango Identity Defense Complete includes credit monitoring from one bureau, dark web monitoring, monthly credit scores, access to credit reports, authentication alerts, high risk transaction monitoring, address change monitoring, and \$1 million in identity theft insurance.
2. **Reimbursement for Out-of-Pocket Losses.** If you incurred expenses that are actual, documented and traceable to the Data Security Incident, such as money spent remedying identity theft or identity fraud or freezing/unfreezing credit reports with any credit reporting agency, you can be reimbursed up to \$150. You must submit documents supporting your claim, including exhaustion of all available credit monitoring and identity theft insurance.
3. **Reimbursement for Attested Time.** If you submit a claim for Out-of-Pocket Losses and spent time remedying issues related to identify theft directly caused by the Data Security Incident, you can recover up to four (4) total hours at \$20 per hour for a maximum total of \$80.

NOTE: The Reimbursement for Out-of-Pocket Losses and Reimbursement for Attested Time claims are subject to a combined \$150 aggregate cap per Class Member.

Submit this claim form via www.sfcdatasettlement.com or mail this claim form to Baires-Rodriguez v St. Francis College, PO Box 23648, Jacksonville, FL 32241-33648 postmarked no later February 21, 2023. Please print clearly in blue or black ink. Additional Instructions on Page 2.

The settlement notice describes your legal rights and options. The detailed Class Notice and Settlement Agreement are available at www.sfcdatasettlement.com or by calling 800-641-9096.

A. CONTACT INFORMATION *(Please fill in completely)*

Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Notice ID from Notice: _____

NOTE: PLEASE REVIEW ALL FIVE PAGES OF THE CLAIM FORM.

INSTRUCTIONS:

Please review the Class Notice and Section II of the Settlement Agreement (available at www.sfcdata settlement.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 possible to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box(es) for each category of benefits you would like to claim. Categories include:

(1) **Credit Monitoring**: three years of Pango Identity Defense Complete credit monitoring and identity protection services to be paid for by St. Francis (Note: if you previously signed up for monitoring when initially notified about the Data Security Incident, you are still eligible to submit a claim for three additional years of monitoring);

(2) **Out-of-Pocket Losses** that are documented and you had to pay as a result of the Data Security Incident (up to \$150); and

(3) **Reimbursement for Attested Time**: If you submit a claim for Out-of-Pocket Losses, time you had to spend dealing with the effects of the Data Security Incident.

You may check more than one box and may check all three if applicable. Please be sure to fill in the total amount you are claiming for each category and attach documentation of the charges 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. **CREDIT MONITORING** (*Check box if you want this benefit*)

_____ I would like to claim three years of credit monitoring and identity theft protection services.

The Settlement requires St. Francis to provide three years of credit monitoring and identity protection services through Pango Identity Defense Complete to any class member who timely claims it. The three years of service is above and beyond any services previously offered by St. Francis following the Data Security Incident. Pango Identity Defense Complete includes credit monitoring from one bureau, dark web monitoring, monthly credit scores, access to credit reports, authentication alerts, high risk transaction monitoring, address change monitoring, and \$1 million in identity theft.

NOTE: YOU MUST SIGN THE CLAIM FORM AT THE BOTTOM OF PAGE 4 IN ORDER TO HAVE A VALID CLAIM.

B. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES (*Check box if you want this benefit*)

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

Examples – Unreimbursed costs, expense, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information; costs 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; and miscellaneous expenses such as notary, fax, postage, copying, mileage and long-distance telephone charges that arose because of the Data Security Incident.

Description of Loss or Money Spent	Amount	Date

Total amount for reimbursement: \$ _____

If you are seeking reimbursement for fees, expenses, or charges, you must attach a copy of a statement from the company that charged you, or a receipt of the amount you incurred. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

NOTE: YOU MUST SIGN THE CLAIM FORM AT THE BOTTOM OF PAGE 4 IN ORDER TO HAVE A VALID CLAIM.

C. REIMBURSEMENT FOR ATTESTED TIME (*Check box if you want this benefit*)

_____ I confirm that I have submitted a claim for Out-of-Pocket Losses and spent time dealing with the effects of the Data Security Incident.

Examples: You spent 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.

I confirm that I spent the following amount of time in response to the Data Security Incident:

_____ hours _____ minutes (up to four hours)

Explanation of Time Spent (Identify what you did and why)	Date	Number of Hours and Minutes

NOTE: YOU MUST SIGN THE CLAIM FORM IN ORDER TO HAVE A VALID CLAIM.

D. SIGNATURE (*Please sign and date*)

I confirm that the information completed was to the best of my abilities. I also 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

Typing your name constitutes your legal signature, in the same manner as if you signed by hand

THIS CLAIM FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED TO THE SETTLEMENT ADMINISTRATOR AS FOLLOWS:

POSTMARKED BY FEBRUARY 21, 2023 AND MAILED TO Baires-Rodriguez v St. Francis College, PO Box 23648, Jacksonville, FL 32241-33648;

EMAILED BY 11:59 PM EASTERN TIME ZONE ON FEBRUARY 21, 2023 TO INFO@SFCDATASETTLEMENT.COM; OR

SUBMITTED THROUGH THE SETTLEMENT WEBSITE BY 11:59 PM EASTERN TIME ZONE ON FEBRUARY 21, 2023 AT WWW.SFCDATASETTLEMENT.COM.

IF YOU HAVE ANY QUESTIONS ABOUT THIS LAWSUIT, YOUR RIGHTS, OR COMPLETING THIS CLAIM FORM, PLEASE CONTACT CLASS COUNSEL AT ContactUs@theemploymentattorneys.com or 585-272-0540.