

CLAIM FORM

A Settlement has been proposed in a class action lawsuit against Shoreline Community College (“Shoreline” or “Defendant”), relating to a cybersecurity incident that Defendant learned it had experienced on March 20, 2023 (“Data Breach”). As a result, cybercriminals may have obtained access to Personal Information of some current and former students, staff, and faculty, including name, Social Security number, passport number, driver’s license number, date of birth, financial account number, and/or attestations related to Covid-19. If your Personal Information was compromised as a result of the Data Breach, you are included in this Settlement as a member of the Settlement Class.

You are eligible to file a claim if your personal, medical, or financial information was compromised in this data breach.

As a Settlement Class Member, you are eligible to make a claim for one or more of the following:

- **Reimbursement for Out-of-Pocket Losses:** You may submit a claim for up to \$7,500 for documented Out-of-Pocket Losses.
- **Reimbursement for Lost Time (“Attested Time”):** You may claim reimbursement for up to four (4) hours of lost time at \$35 per hour.
- **Identity Theft Protection and Credit Monitoring Services:** You may request up to two (2) years of Identity Theft Protection and Credit Monitoring Services.

The Settlement Notice describes your legal rights and options. To view or download the Settlement Notice and find more information regarding your legal rights and options, please visit the official Settlement Website at www.ShorelineSettlement.com or call toll-free 1-888-921-0460.

The deadline for submitting your Claim Form is April 14, 2025. Please send your Claim Form by U.S. Mail to the Settlement Administrator:

Loschen v. Shoreline Community College
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

1. CLASS MEMBER INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Required Information:

CPT ID: _____ (As referenced on the Notice you received)

First: _____ M: _____ Last: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Email: _____

2. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

Settlement Class Members may submit a claim for reimbursement of Out-of-Pocket Losses up to \$7,500. Claims must be supported by (i) third-party documentation of the loss and (ii) a brief description of the nature of the loss.

Out-of-Pocket Losses include unreimbursed costs or expenditures that are fairly traceable to the Data Breach. Examples of Out-of-Pocket Losses may include, but are not limited to:

- i. Unreimbursed costs, expenses, losses, or charges incurred as a result of identity theft, identity fraud, falsified tax returns, or other possible misuse of the Class member's personal information.
- ii. Costs incurred on or after March 20, 2023 (or the earliest verifiable date the Data Breach occurred) associated with accessing or freezing/unfreezing credit reports with any credit reporting agency.
- iii. Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.
- iv. Credit monitoring or other mitigating costs that were incurred on or after March 20, 2023, through the date of the Class member's claim submission.

Individual cash payments may be reduced or increased pro rata (equal share) depending on the number of Settlement Class Members that participate in the Settlement.

Please provide details of your Out-of-Pocket Losses below and attach supporting documentation:

| DATE | DESCRIPTION | AMOUNT |
|------|-------------|--------|
| | | |
| | | |
| | | |

Supporting Documentation: Please attach receipts, invoices, or other documentation not “self-prepared” by the claimant that document the costs incurred. “Self-prepared” documents such as handwritten receipts are insufficient by themselves but can be submitted to support other documentation.

3. REIMBURSEMENT FOR LOST TIME (“ATTESTED TIME”)

You may claim reimbursement for up to four (4) hours of lost time at the rate of \$35 per hour for time reasonably spent responding to the Data Breach.

To obtain reimbursement under this category, you must provide a detailed description of the actions you took in response to the Data Breach, the amount of time spent on each action, and you must attest to the following:

I attest under penalty of perjury that I spent between one (1) and four (4) hours of documented time dealing with fraud or identity theft or to protect myself from future harm that is traceable to the Incident (round up to the nearest hour).

| DATE | DESCRIPTION OF ACTIONS TAKEN | HOUR(S) SPENT |
|------|------------------------------|---------------|
| | | |
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| | | |

4. IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES

As part of the Settlement, you may opt to receive two years of free identity theft protection and credit monitoring services. The services provided will include three-bureau credit monitoring.

Please note: Settlement Class Members must enroll to receive this benefit. The Settlement Administrator will send an activation code to you within 30 days of the Effective Date which can be used to activate Identity Theft Protection and Credit Monitoring Services via an enrollment website maintained by CyEx.

I would like to enroll in the identity theft protection and credit monitoring services.

5. COMPENSATION

In the event your claim is valid and you qualify to receive a monetary payment, a physical check will be mailed to the address you provided in Section 1, if you have claimed reimbursement for Out-of-Pocket Losses or Attested Time. If you prefer to receive a digital payment, please submit your Claim Form online at www.ShorelineSettlement.com.

6. CERTIFICATION

I affirm under the laws of the United States that the information supplied in this claim form is true and correct to the best of my knowledge. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Print Name: _____

Signature: _____

Date: _____

Once you've completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by April 14, 2025.

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