

**Must be postmarked or
submitted online
NO LATER THAN
February 23, 2023**

Chapman v. Insight Global Claims Administrator
P.O. BOX 3815
PORTLAND, OR 97208-3815
www.InsightDataBreach.com

Chapman v. Insight Global Settlement Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received the “Notice of Data Event Related to Pennsylvania Contact Tracing” from Insight Global on or around April 29, 2021, arising out of a Data Incident in which certain information collected during a COVID-19 tracing initiative may have been publicly accessible for a limited period of time, you are a Settlement Class Member and may submit a claim for the Settlement Benefit(s).

The easiest way to submit a claim is online at www.InsightDataBreach.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one or more of these benefits:

Cash Reimbursement. Use the Claim Form to request money for one or more of the following:

1. **Reimbursement for Money You Spent.** If you spent money because of the Data Incident, and you have documentation supporting these losses, you may be reimbursed up to \$250 for these Out-of-Pocket Expenses. You may also be eligible for reimbursement of up to \$5,000 in Extraordinary Losses. You must submit documents supporting your claim.
2. **Reimbursement for Time Lost.** If you spent time monitoring accounts, reversing fraudulent charges, or otherwise dealing with the aftermath/cleanup of the Data Incident, you may be reimbursed for your time at \$20 per hour, for up to 3 hours.

Credit Monitoring and Identity Protection. You are eligible to receive two years of credit monitoring services, and these services include three bureau credit monitoring and alerts.

Claims must be submitted online or mailed by February 23, 2023. Use the address at the top of this form for mailed claims.

Please note: The Claims Administrator may contact you to request additional documents to process your claim.

For more information on the Settlement benefits, what documents you need to attach, how the Claims Administrator will decide whether to approve your payments, and for complete instructions, **visit www.InsightDataBreach.com.**

Settlement benefits will be distributed only after the Settlement is approved by the Court.

Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by mail at P.O. Box 3815, Portland, OR 97208-3815.

First Name	MI	Last Name

Mailing Address

City	State	ZIP Code

Phone Number

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Email Address

Unique ID (located on the notice mailed to you)

Cash Payment: Documented Ordinary Out-of-Pocket Expenses

You can receive reimbursement for up to \$250 for documented out-of-pocket expenses incurred as a result of the Data Incident. You must attach documents to your Claim Form that show what happened and how much you lost or spent so that you can be repaid. This may include receipts or other documentation. "Self-prepared" documentation such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident)																				
Unreimbursed Bank Fees <i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees</i>	\$ <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4"></td><td style="text-align: center;">•</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">MM</td><td></td><td style="text-align: center;">DD</td><td></td><td style="text-align: center;">YY</td></tr> </table>										•						MM		DD		YY	<hr/> <hr/> <hr/> <hr/>
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Long Distance Phone Charges <i>Example: Phone bills with charges</i>	\$ <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4"></td><td style="text-align: center;">•</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">MM</td><td></td><td style="text-align: center;">DD</td><td></td><td style="text-align: center;">YY</td></tr> </table>										•						MM		DD		YY	<hr/> <hr/> <hr/> <hr/>
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Cell Phone Charges (only if charged by the minute) <i>Example: Phone bills with charges by the minute, internet usage charges if charged by the minute or by data usage, or text messages charged by the message</i>	\$ <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="4"></td><td style="text-align: center;">•</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">MM</td><td></td><td style="text-align: center;">DD</td><td></td><td style="text-align: center;">YY</td></tr> </table>										•						MM		DD		YY	<hr/> <hr/> <hr/> <hr/>
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<p>Unreimbursed Credit Card Fees <i>Examples: Credit card statement</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> • <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> MM DD YY</p>	<hr/> <hr/> <hr/> <hr/>
<p>Unreimbursed Credit Monitoring <i>Examples: Costs of credit report(s), credit monitoring, and/or other identity theft insurance products purchased</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> • <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> MM DD YY</p>	<hr/> <hr/> <hr/> <hr/>
<p>Other Losses or Costs Resulting from Identity Theft or Fraud <i>Examples: Include but not limited to, the cost of postage, gas for local travel or interest on payday loans due to card cancellation</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> • <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> MM DD YY</p>	<hr/> <hr/> <hr/> <hr/>

Cash Payment: Documented Extraordinary Expenses

You can receive reimbursement for up to \$5,000 for documented extraordinary expenses incurred as a result of the Data Incident if: (1) the loss is an actual, documented, and unreimbursed monetary loss; (2) the loss was more likely than not caused by the Data Incident; (3) the loss occurred between September 1, 2020 and **February 23, 2023** (Claims Deadline); (4) the loss is not already covered by one or more of the out-of-pocket reimbursement categories; and (5) you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhausting all available credit monitoring insurance and identity theft insurance.

<p>Expense Types and Examples of Documents</p>	<p>Approximate Amount of Expense and Date</p>	<p>Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident)</p>
<p>Extraordinary Loss <i>Examples: Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical identity theft</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> • <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> MM DD YY</p>	<hr/> <hr/> <hr/> <hr/>
<p>Other Extraordinary Losses <i>Please provide a detailed description or a separate document submitted with this Claim Form.</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> • <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> MM DD YY</p>	<hr/> <hr/> <hr/> <hr/>

Cash Payment: Lost Time

If you spent time monitoring accounts, reversing fraudulent charges, or otherwise dealing with the aftermath/cleanup of the Data Incident, you may be reimbursed for your time at \$20 per hour, for up to 3 hours.

Hours lost as a result of the Data Incident	Description of the activities performed during the time claimed and their connection to the Data Incident
<input type="text"/> Hours	<hr/> <hr/> <hr/> <hr/>

How You Would Like to Receive Your Cash Payment

If you made a claim for a cash payment in this Claim Form, you can elect to receive your payment either by check or as a digital payment (e.g., an ACH direct deposit, prepaid debit card, or gift card using instructions emailed to you). Checks must be cashed within **60** days of receiving them.

Which do you prefer?

- Check mailed to me
- Digital payment instructions emailed to the email address I provided on page 2

Credit Monitoring and Identity Protection

You are eligible to receive two years of credit monitoring services, and these services include three bureau credit monitoring and alerts. If you wish to receive Credit Monitoring Services, please check the box below.

- Credit Monitoring: I want to receive free, three-bureau credit monitoring for two years.

If you select this option, you will be sent instructions and an activation code after the Settlement is final to your email address or home address. This benefit can be selected in addition to any other benefit to which the class member may be entitled on this form

Signature

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, and any documents I submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is complete.

Signature

Date: - -

MM DD YYYY

Print Name