



734880000000

Doe et al. v. Knox College, Inc., Case No. 2023LA9, Knox County Circuit Court in the Ninth Judicial Circuit, State of Illinois

USE THIS CLAIM FORM TO MAKE A CLAIM FOR UNREIMBURSED ECONOMIC LOSS, LOST TIME, CREDIT MONITORING SERVICES OR ALTERNATIVE CASH PAYMENT

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT WWW.KNOXDATASECURITSETTLEMENT.COM NO LATER THAN JANUARY 24, 2024.

***ATTENTION:** This Claim Form is to be used to apply for benefits related to the Data Incident that occurred in approximately November 2022 and potentially affected individuals to whom Knox College, Inc. (“Defendant”) sent notice. There are four (4) types of benefits for which Settlement Class Members may be eligible: (1) compensation for Unreimbursed Economic Losses incurred as a result of the Data Incident, up to a total of \$2,500 per person upon submission of a valid Claim and supporting documentation,; (2) compensation for up to four (4) hours of Lost Time, at \$25.00/hour (\$100 cap), for time spent mitigating the effects of the Data Incident. Claims for Lost Time can be combined with Claims for Unreimbursed Economic Loss but are subject to the \$2,500.00 cap; and (3) three (3) years of one-bureau Credit Monitoring Services provided by Experian or other comparable provider-these services include identity restoration services and \$1 million in identity theft insurance. In the alternative to compensation for Unreimbursed Economic Losses, Lost Time, and/or Credit Monitoring, Class Members can elect to make a Claim for a \$100 Alternative Cash Payment. To receive this benefit, Settlement Class Members must submit a signed, valid Claim Form, but no additional documentation is required to make a Claim. In the event that the total amount of Approved Claims exceeds the amount of the Net Settlement Fund, then the cash Settlement Payments to be paid for Approved Claims shall be proportionately reduced on a pro rata basis and paid in accordance with the terms and conditions of the Settlement Agreement.*

*To submit a Claim, you must be a Settlement Class Member whose Private Information was potentially compromised in the Data Incident and/or received Notice of this settlement with a **Unique ID**.*

Please be advised that any supporting documentation that you would like to provide must be submitted with this Claim Form.

***CLAIM VERIFICATION:** All Claims are subject to verification. You will be notified if additional information is needed to verify your claim.*

***ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement Website at www.KnoxDataSecuritySettlement.com for additional information.*

PLEASE KEEP A COPY OF YOUR CLAIM FORM, SUPPORTING DOCUMENTATION, AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the Claim, delay its processing, or otherwise adversely affect the Claim.



73488



CF



Page 1 of 5



734880000000

REGISTRATION

First Name MI Last Name

Mailing Address

City State Zip Code

Telephone Number: (____ ____ ____) - ____ ____ ____ - ____ ____ ____

Email Address: _____ @ _____

Please provide the Unique ID identified on the Notice that was sent to you: 7 3 4 8 8 _____

Instructions. Please follow the instructions below and answer the questions as instructed.

CLAIM INFORMATION

Section A. Confirm Your Eligibility

Was your Personally Identifiable Information (“PII”) compromised or potentially compromised in the Data Incident disclosed by Knox College, Inc. beginning in January 2023 or did you receive a Notice with a Unique ID indicating that you may be a member of the Class?

Yes No

If yes, continue to the next question. If no, you are not a member of the Class and do not qualify to file a claim.

Did you incur financial expenses, suffer any other financial losses, or spend time remedying issues as a result of the Data Incident disclosed by Knox College, Inc. beginning in January 2023? For example, did you sign up and pay for a Credit Monitoring Service, hire and pay for a professional service to remedy identity theft, etc., or did you spend time monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc. as a result of the Data Incident?

Yes No

If yes, you may be eligible to fill out Section B of this form and provide corroborating documentation.

Section B. Reimbursement for Unreimbursed Economic Losses

If you suffered verifiable financial losses as a result of the Data Incident, you may be eligible to receive a payment to compensate you for these financial losses and Lost Time spent.

If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit** documentation that proves your losses and the dollar amount of those losses, you are eligible to receive a payment compensating you for your documented Unreimbursed Economic Losses of up to **\$2,500 per person**. Unreimbursed Economic Losses includes: (1) costs incurred on or after November 2022 associated with accessing or freezing/unfreezing credit reports with any credit reporting agency; (2) other miscellaneous expenses incurred related to any Unreimbursed Economic Losses such as notary, fax, postage, copying, mileage, and long-distance telephone charges; (3) credit monitoring or other mitigative costs that were incurred on or after November 2022.



73488



CF



Page 2 of 5



734880000000

Class Members who elect to submit a Claim for compensation of Unreimbursed Economic Losses must provide the Settlement Administrator with information required to evaluate the claim, including:(1) the Class Member’s name and current address; (2) documentation supporting their claim; (3) a brief description of the documentation describing the nature of the loss, if the nature of the loss is not apparent from the documentation alone; and (4) a verification, stating that the Claim is true and correct, to the best of the Class Member’s knowledge and belief, and is being made under penalty of perjury. Documentation supporting Unreimbursed Economic Losses can include receipts or other documentation not “self-prepared” by the Class Member that documents the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your Claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

For each loss that you believe was incurred as a result of the Data Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and all documentation that supports the loss. **You must provide ALL this information for this Claim to be processed.** Supporting documents must be submitted with this Claim Form.

If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your Claim. Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator’s privacy policy is available at <https://www.kroll.com/en/settlement-administration>. Please do not directly communicate with Defendant regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 7 - 1 7 - 2 0 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 2 - 3 0 - 2 1 MM DD YY	\$25.00	Copy of the professional services bill
	MM DD YY	\$.	
	MM DD YY	\$.	
	\$	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	



73488



CF



Page 3 of 5



734880000000

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
	MM - DD - YY	\$.	
	MM - DD - YY	\$.	
	\$.	\$.	
	MM - DD - YY	\$.	
	MM - DD - YY	\$.	

Reimbursement for Lost Time:

Class Members may submit a claim for up to four (4) hours of time spent remedying issues related to the Data Incident. Four (4) hours of lost time may be reimbursed at \$25 per hour (\$100 cap) if you provide an attestation as to the time you spent remedying issues related to the Data Incident. Examples of Lost Time spent remedying issues related to the Data Incident may include time spent remedying identity theft, fraud, misuse of personal information, credit monitoring, or freezing credit reports.

If you spent time remedying issues related to the Data Incident, please list the number of hours you spent here: _____.

By checking the below box, I hereby declare under penalty of perjury under the laws of the State of Illinois that the information provided in this Claim Form to support my seeking relief for Lost Time is true and correct.

Yes, I understand that I am submitting this Claim Form and the affirmation it makes as to my seeking relief for Lost Time under penalty of perjury. I further understand that my failure to check this box may render my Claim for Lost Time null and void.

Section C. Credit Monitoring Services

Class Members are eligible to enroll in three (3) years of one-bureau Credit Monitoring Services provided by Experian or other comparable provider-these services include identity restoration services and \$1 million in identity theft insurance-.

By checking the below box, I choose to enroll in Credit Monitoring Services.

Yes, I choose to enroll in Credit Monitoring Services.

Section D. \$100 Cash Compensation -Alternative Cash Payment

Class Members may, in lieu of making a Claim for reimbursement of Unreimbursed Economic Losses, Lost Time, and Credit Monitoring, elect to receive an Alternative Cash Payment in an amount equal to one hundred dollars (\$100) on a claims-made basis.

By checking the below box, I choose to receive a cash payment of \$100 in the alternative to compensation for Unreimbursed Economic Losses, Lost Time, and Credit Monitoring Services.



73488



CF



Page 4 of 5



734880000000

NOTE: YOU MAY NOT SEEK BENEFITS FOR UNREIMBURSED ECONOMIC LOSSES, LOST TIME, OR CREDIT MONITORING SERVICES IF YOU ARE FILING FOR THE ALTERNATIVE CASH PAYMENT IN THIS SECTION.

Yes, I choose a cash payment of \$100 in the alternative to compensation for Unreimbursed Economic Losses, Lost Time, and Credit Monitoring Services.

Section E. Class Member Affirmation

By submitting this Claim Form, I certify that I am eligible to make a Claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this Claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all Claim payments are subject to the availability of Settlement Funds and may be reduced in part or in whole, depending on the type of Claim and the determinations of the Settlement Administrator.

I understand that any Settlement Payment made under this settlement shall be provided electronically unless I specifically ask that payment be made by check.

Signature: _____ Date: ____/____/____

Printed Name: _____

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT WWW.KNOXDATASECURITYSSETTLEMENT.COM NO LATER JANUARY 24, 2024.

Questions? Go to www.KnoxDataSecuritySettlement.com or call (833) 383-9695



73488



CF



Page 5 of 5