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**SEIU 32BJ DATA SECURITY INCIDENT
SETTLEMENT CLAIM FORM**

This claim form should be filled out and submitted if you received notice that your Personal Identifying Information was potentially compromised in the Data Security Incident that occurred with SEIU 32BJ’s computer systems. You may receive a cash payment of (1) up to \$100 for compensation for up to 4 hours of lost time (at \$25.00 per hour) spent dealing with the Incident and/or (2) up to \$1,500 for reimbursement for documented ordinary or extraordinary losses, capped at \$1,500 total.

Please refer to the settlement notice posted on the settlement website, www.MateoDataIncidentSettlement.com, for more information.

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY: JUNE 20, 2023

CLASS MEMBER INFORMATION

The Claims Administrator will use this information for all communications regarding this claim form and the settlement.

First Name MI Last Name

Address

City State Zip Code

Country

Phone: (____) ____ - ____

Email (Optional): _____ @ _____

SETTLEMENT BENEFITS

Two types of benefits are available. First, you may recover payment to compensate you for the time you spent dealing with the Incident. Second, you may recover certain “ordinary or extraordinary losses” incurred as a result of the Incident upon submission of supporting documentation. Please refer to the settlement notice for more information.

Questions? Call 1-833-630-9977 or visit www.MateoDataIncidentSettlement.com



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To help us determine if you are entitled to a settlement payment, please provide as much information as possible.

1. Compensation for Lost Time

You are eligible for compensation of up to four hours of lost time spent dealing with the Incident (at \$25 per hour).

Check only one box.

How much time did you spend? 1 Hour 2 Hours 3 Hours 4 Hours

2. Documented Ordinary or Extraordinary Losses.

The types of expenses that you may claim include fees or other charges and other incidental losses you incurred, as result of the Data Security Incident that occurred with SEIU 32BJ's computer systems between October 21, 2021 and March 18, 2022. Ordinary losses are: (i) out-of-pocket expenses incurred as result of the Incident, including unreimbursed bank fees, unreimbursed card reissuance fees, unreimbursed overdraft fees, unreimbursed charges related to the unavailability of funds, unreimbursed late fees, unreimbursed over-limit fees, unreimbursed charges from banks or credit card companies, reasonable expenses relating to tax remediation efforts, and fees for credit reports purchased between October 21, 2021 and March 18, 2022; and (ii) the cost of purchasing credit monitoring or other identity theft insurance products purchased between October 21, 2021 and March 18, 2022. Extraordinary losses are losses associated with identity theft, fraud, and other actual misuse of personal information, provided that (i) the loss is an actual documented and unreimbursed monetary loss; (ii) you provide proof that the loss was proximately caused by the Incident; (iii) the loss is not already covered by one or more of the ordinary loss compensation categories; (iv) you made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring or identity monitoring insurance; and (v) the loss occurred between October 21, 2021 and March 18, 2022.

| Date | Description | Amount |
|----------------|-------------|---------------|
| ____/____/____ | | \$ _____.____ |
| ____/____/____ | | \$ _____.____ |
| ____/____/____ | | \$ _____.____ |
| ____/____/____ | | \$ _____.____ |
| ____/____/____ | | \$ _____.____ |

Documentation is required for claimed expenses. Please be sure to include documentation to expedite the processing of your claim.

Settlement Class Members may claim up to **\$1,500 in total for ordinary or extraordinary losses** under this section.

Questions? Call 1-833-630-9977 or visit www.MateoDataIncidentSettlement.com



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ATTESTATION AND SIGNATURE

You must certify that the information you provided above is true and accurate. Please sign the following:

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

Print Name: _____

Signature: _____ Date: ____/____/____

* * *

The deadline to submit this claim form and all required supporting documentation is June 20, 2023:

This claim form may be submitted online at **www.MateoDataIncidentSettlement.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, along with any supporting documentation, by U.S. Mail to:

Mateo v. SEIU 32BJ
c/o Kroll Settlement Administration
PO Box 5324
New York, NY 10150-5324

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