

Your claim must be
submitted online or
postmarked by:
May 15, 2025

Unsworth, et al., v. Lewis & Clark College
Case No. 3:24-cv-00614
United States District Court, District of Oregon (Portland Division)

LEWIS &
CLARK
CLAIM

CLAIM FORM

GENERAL INSTRUCTIONS

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are an individual who was notified of the February 2023 cyberattack suffered by Lewis & Clark College wherein cybercriminals potentially accessed and/or stole files containing the Private Information of approximately 48,799 individuals from Lewis & Clark College's network (the "Data Breach"). The Data Breach potentially exposed Private Information, including full names, dates of birth, Social Security numbers, driver's license or state identification numbers, passport numbers, medical information and health insurance, and financial account numbers.

The Settlement Benefits

Expense Reimbursement. Settlement Class Members are eligible to receive reimbursement for the following documented out-of-pocket losses, if not already reimbursed through any other source, and which are fairly traceable to the Data Breach, **not to exceed \$5,000.00 per Settlement Class Member:**

- (i) unreimbursed losses relating to fraud or identity theft;
- (ii) professional fees including attorneys' fees, accountants' fees, and fees for credit repair services;
- (iii) costs associated with freezing or unfreezing credit with any credit reporting agency;
- (iv) credit monitoring costs that were incurred on or after the Incident through the date of claim submission; and
- (v) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

The amount of the expense reimbursement will be increased or decreased on a *pro rata* basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

Settlement Class Members must submit documentation supporting their expense reimbursement claims. This can include receipts or other documentation not "self-prepared" by the claimant that document the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

Cash Award. Settlement Class Members can elect to make a claim for a cash award in lieu of expense reimbursement. No documentation is required to make this claim. The amount of the cash award will be increased or decreased on a *pro rata* basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

Identity Theft Protection and Credit Monitoring. Settlement Class Members are eligible to enroll in two (2) years of Credit Monitoring Services through three bureaus, which will include (i) up to \$1 million dollars of identity theft insurance coverage; (ii) three bureau credit monitoring providing notice of changes to the Settlement Class Members' credit profile; (iii) alerts for activity including new inquiries, new accounts created, change of address requests, changes to public records, postings of potentially negative information, and other leading indicators of identity theft; (iv) customer care and dedicated fraud resolution agent; (v) comprehensive educational resources; and (vi) extended fraud resolution. Settlement Class Members will need to enroll to receive this benefit.

If the total Settlement Benefits claimed exceed \$500,000.00, the amounts paid to Settlement Class Members will be prorated downwards to stay within the maximum \$500,000.00 Settlement Fund.

QUESTIONS? VISIT WWW.LCDATASETTLEMENT.COM OR CALL TOLL-FREE 1-844-543-5481

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This Claim Form may be submitted electronically via the Settlement Website at www.LCDataSettlement.com or completed and mailed, including any supporting documentation, to: Lewis & Clark Settlement, Attn: Claim Forms, P.O. Box 1228 Baton Rouge, LA 70821.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

Form with input fields for First Name, Last Name, Street Address, City, State, Zip Code, Email Address, Telephone Number, and Notice ID, if known.

II. EXPENSE REIMBURSEMENT

Check this box if you are requesting compensation for Expense Reimbursement up to a total of \$5,000.00. You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.

Complete the chart below describing the supporting documentation you are submitting.

Table with 2 columns: Description of Documentation Provided and Amount. Includes an example row for credit repair services and a total amount claimed row.

You must check this box to attest that the out-of-pocket expenses and charges you listed above actually occurred and arose from the Data Breach.

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III. CREDIT MONITORING SERVICES

- Check this box if you wish to enroll in Identity Theft Protection and Credit Monitoring Services for two (2) years.

A unique redemption code, allowing Settlement Class Members to enroll in these services will be sent to each Settlement Class Member who submits a valid claim for such services after the Court approves the Settlement as final and after any appeals are resolved.

IV. CASH AWARD

- Check this box if you wish to receive a cash award.

V. PAYMENT SELECTION

Please select **one** of the following payment options:

- PayPal** - Enter your PayPal email address: _____

- Venmo** - Enter the mobile number associated with your Venmo account: ____-____-____

- Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____-____-____ or Email Address: _____

- Virtual Prepaid Card** - Enter your email address: _____

- Physical Check** - Payment will be mailed to the address provided in Section I above.

VI. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date

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