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Your claim must be submitted online or mailed and postmarked by **July 8, 2019**

CLAIM FORM

INITIAL CLAIMS PERIOD

Rhonda Hutton, et al., v. National Board of Examiners in Optometry, Inc., No. 16-cv-03025-JKB (D. Md.); Nicole Mizrahi v. National Board of Examiners in Optometry, Inc., No. 16-cv-03146-JKB (D. Md.); and Brenda Liang, et al., v. National Board of Examiners in Optometry, Inc., No. 17-cv-1964-JKB (D. Md.).

For Office Use Only

GENERAL INSTRUCTIONS

This Claim Form relates to a Class Action Settlement involving the National Board of Examiners in Optometry, Inc. (“NBEO”) stemming from an Alleged Data Breach that occurred in or about June 2016 (“Alleged Data Breach”). You are a “Settlement Class Member” entitled to make a claim if your personal information was stored in NBEO’s systems as of November 15, 2018 or you received a Settlement Notice stating that you are a Class Member. **The easiest way to submit a claim under the Settlement is online at www.NBEOsettlement.com.**

As a Settlement Class Member, you are entitled to submit a claim for the following relief: (1) reimbursement for time spent remediating issues relating to the Alleged Data Breach up to \$1,000 per individual; (2) reimbursement for Out-of-Pocket Losses fairly traceable to the Alleged Data Breach up to \$7,500 per individual (submission of documentation required); and (3) three years of free credit monitoring through Identity Guard. To obtain this relief, you must submit this Claim Form online or by mail to the return address listed above. All Class Members will also receive access to fraud resolution services even if you do not submit a claim (see Section IV). If you have questions about this Claim Form, or if you did not receive a Settlement Notice and you believe that you are or may be a member of the Class, you should contact : Hutton v National Board of Examiners in Optometry, c/o Settlement Administrator, P.O. Box 58153, Philadelphia, PA 19102-8153.

SETTLEMENT OVERVIEW

Reimbursement for Attested Time: If you spent time remediating issues related to the Alleged Data Breach, then you may make a claim for reimbursement for up to 40 hours at \$25 per hour. Claims for up to 20 hours require a brief description of the actions taken in response to the Alleged Data Breach and the time associated with each action. Claims for more than 20 hours require the submission of documentation and/or a detailed description establishing how this time was expended and why it was necessary.

Reimbursement for Out-of-Pocket Losses: If you spent money to address fraud or identity theft that you believe was fairly traceable to the Alleged Data Breach, or to protect yourself from future harm, then you can submit a claim for reimbursement up to \$7,500. Out-of-Pocket Losses that are eligible for reimbursement through the Settlement may include, without limitation, the following costs related to the Alleged Data Breach and incurred after June 1, 2016:

- Unreimbursed costs associated with fraud, or identity theft;
- Professional fees including attorneys’ fees, accountants’ fees and fees for credit repair services;
- Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges;
- Costs of credit monitoring or other identity theft protection services incurred after June 1, 2016;
- Costs associated with freezing or unfreezing credit with any credit reporting agency.

Three-Bureau Credit Monitoring Services: All Settlement Class Members are eligible to enroll in three (3) years of free credit monitoring services offered through Identity Guard’s “IG Total Plan.” These services retail for nearly \$720 per individual and include the following features:

- Three-bureau credit monitoring providing notice of changes to the consumer’s credit profile with Equifax, Experian, and TransUnion;
- Up to \$1 million dollars reimbursement insurance from AIG covering losses due to identity theft or fraud;
- Real time instant authentication alerts;
- LexisNexis Authentication Alerts;
- Dark Web Monitoring;
- Threat Alerts powered by IBM “Watson”;
- Customer support and victim assistance provided by Identity Guard;
- Anti-phishing and safe Apps for iOS & Android Mobile devices; and
- Safe browsing software for PC & Mac.

Note: you will be required to submit your personal information including Social Security number to Identity Guard to enroll in credit monitoring services.



3105400000000

CLAIM FORM

I. CLASS MEMBER INFORMATION

Class Member ID Provided on Notice (if known): 3 1 0 5 4 _____

Name: _____
First *MI* *Last*

Street Address 1: _____

Street Address 2: _____
(optional)

_____ *City* _____ *State* _____ *Zip Code*

Telephone Number (_____) _____ - _____

_____ @ _____ . _____
E-Mail Address (If provided, we will communicate with you primarily by e-mail about your claim. We will not use your e-mail address for any other purpose.)

II. REIMBURSEMENT FOR ATTESTED TIME

1. Did you spend time addressing the Alleged Data Breach or remedying issues relating to the Alleged Data Breach?

Yes (*Fill out information below.*)

No (*You are not eligible to submit a claim for Attested Time; skip to Question No. 2.*)

If you selected "Yes" above, select one of the following and complete the remainder of Section II.

I spent 20 hours or fewer remedying issues relating to the Alleged Data Breach.
TOTAL number of hours: _____ (You must include the number of hours if this was selected; documentation is not required.)

I spent 21 hours or more (up to 40) remedying issues relating to the Alleged Data Breach.
TOTAL number of hours: _____ (You must include the number of hours if this was selected; documentation is not required but encouraged to support your claim.)



31054



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Page 2 of 6



3105400000000

If you selected 20 hours or fewer, you must provide a brief description of the actions taken in response to the Alleged Data Breach and the time associated with each action. If you selected between 21 and 40 hours you must provide a *detailed* description of the actions taken in response to the Alleged Data Breach and the time associated with each action, along with any available documentation of fraud and/or identity theft that made this expenditure of time necessary (*i.e.* letter from IRS or bank; police report; contemporaneous notes).

Description of Actions Taken in Response to Alleged Data Breach and Reasons for Action	Approx. Date of Action (if known)	Number of Hours Spent (must equal the total hours entered above)	Supporting Documentation? (Yes or No)

If you are providing supporting documentation: Please provide a description of any documentation submitted in support of your claim.

Document #	Description (explain here how document reflects time spent)
1.	



31054



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Page 3 of 6



3105400000000

2.	
3.	
4.	
5.	
6.	

III. DOCUMENTED CLAIMS FOR OUT-OF-POCKET LOSSES

2. Do you have documents supporting that you experienced out-of-pocket losses or unreimbursed charges fairly traceable to the Alleged Data Breach that have not already been reimbursed?

Yes (Fill out information below.)

No (You are not eligible to submit a documented claim; skip to Question No. 3.)

NOTE: “self-prepared” documents such as handwritten receipts or notes are, by themselves, insufficient to receive reimbursement, but they can be considered to add clarity or support other submitted documentation.

Loss Type (Check all that apply)	Approx. Date of Loss	Amount of Loss	Examples of Supporting Documentation (Please detail below what you are attaching and why)
<input type="checkbox"/> Unreimbursed fraud losses or charges			<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns			<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i>
<input type="checkbox"/> Credit monitoring that was ordered after June 1, 2016 through			<i>Examples: Receipts or account statements reflecting purchases</i>



31054



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Page 4 of 6



3105400000000

the date on which the Credit Monitoring Services become available through this settlement			<i>made for credit monitoring services</i>
<input type="checkbox"/> Payments made to place credit freezes with the credit reporting agencies			<i>Examples: Receipts or notices or account statements reflecting payment for a credit freeze</i>
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges			<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i>
<input type="checkbox"/> Other documented losses (provide detailed description)			<i>Please provide detailed description</i>

Description of Supporting Documentation: Please provide a description of any documentation submitted in support of your claim. (*Note: If you already submitted documentation to support a claim for Attested Time you do not need to submit the same documentation again, just make a note below.*)

Document #	Description (explain here how document establishes loss)
1.	
2.	
3.	
4.	
5.	
6.	



31054



CF



Page 5 of 6



310540000000

IV. IDENTITY GUARD’S “IG TOTAL PLAN” CREDIT MONITORING SERVICES

3. You are eligible to enroll in three (3) years of Identity Guard’s “IG Total Plan” Credit Monitoring Services. Do you wish to enroll?

Yes By checking here, you will receive enrollment instructions shortly after final approval of the Settlement. Please provide the e-mail address where you would like to receive enrollment instructions:

If you click yes and leave this field blank, we will mail enrollment instructions to the address provided above.

No (*Go to Question No. 4*)

4. Even if you do not enroll in Credit Monitoring Services, you are still eligible to take advantage of identity restoration services offered through Identity Guard in the case you suffer identity theft or fraud for a period of three (3) years after the effective date of the Settlement. You can take advantage of these services by contacting the Settlement Administrator at 1-877-451-2127 who will provide you with the contact information for Identity Guard’s Identity Restoration Department along with an enrollment code to reference.” (Note: If you checked “yes” to Question 3, you do not need to separately request identity restoration services).

If you would like us to e-mail you a copy of this code for your records along with instructions on how to take advantage of Identity Guard’s Identity Restoration services, please provide the e-mail address where you would like to be contacted:

CERTIFICATION

I hereby certify under penalty of perjury that the information contained in this Claim Form is true and correct to the best of my knowledge.

Signature of Claimant

____ / ____ / _____
Date

If you have questions about whether you are eligible to submit a claim, please contact the Settlement Administrator at 877-451-2127 or visit www.NBEOsettlement.com.



31054



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Page 6 of 6