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Your claim must be submitted online or postmarked by: September 18, 2024

Molinari et al. v. Welfare & Pension Administration Service, Inc. Case No. 22-2-04023-8 SEA Superior Court of Washington for King County

For Office Use Only

CLAIM FORM

GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits.

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

You are individual who resides in the United States who participated in funds or trusts managed by WPAS, whose Private Information was potentially compromised as a result of the Data Security Incident experienced by WPAS on or around July 21, 2021.

Settlement Class Members may submit a Claim Form for: (1) Extraordinary Loss Claims – up to a total of \$5,000 per claimant; (2) Out-of-Pocket Loss Claims – up to a total of \$500 per claimant; (3) Lost Time - \$25 per hour for up to 4 hours (for a total of \$100); (4) Credit Monitoring – Settlement Class Members can enroll in 2 years of credit monitoring services; or (5) In the alternative to claiming Extraordinary Loss, Out-of-Pocket Loss, Lost Time, or Credit Monitoring, Settlement Class Members can make a claim for a \$50 Alternative Cash Payment.

Extraordinary Loss Claims must be supported with documentation and must show that: (1) The loss is an actual, documented, and unreimbursed monetary loss arising from identity theft, fraud, or similar misuse; (2) the loss was more likely than not caused by the Data Security Incident; (3) the loss occurred between July 21, 2021 and September 18, 2024; and (4) the loss is not already covered by the Out-of-Pocket Loss or Lost Time reimbursement categories, and the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

Ordinary Loss Claims must be supported with documentation demonstrating out-of-pocket costs and expenditures that a Settlement Class Member actually incurred that are fairly traceable to the Security Incident, and that have not already been reimbursed by a third party, such as professional fees including attorneys’ fees, accountants’ fees, fees for credit repair services, costs associated with freezing or unfreezing credit, bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, gasoline for local travel; fees for credit reports, credit monitoring, or other identity theft insurance product purchased between July 21, 2021, and September 18, 2024. This list of reimbursable documented out-of-pocket expenses is not meant to be exhaustive, rather it is exemplary.

Lost Time Claims must be attested to and are capped at \$25/hour for up to four hours (\$100 total), with an attestation that the claimed time was spent responding to issues raised by the Data Security Incident.

Credit Monitoring Services. Settlement Class Members shall have the ability to make a claim for 2 years of credit monitoring and identity theft protection services with \$1,000,000 in insurance by choosing this benefit on this Claim Form.

Alternative Cash Payment: In the alternative to claiming Extraordinary Loss, Ordinary Loss, Lost Time, or Credit Monitoring, Settlement Class Members can make a claim for a \$50 Alternative Cash Payment.

Claims for Extraordinary Losses, Ordinary Losses, Lost Time, and Alternative Cash Payments are subject to a pro rata increase or decrease based on the number of claims made.

QUESTIONS? VISIT www.wpasdatabreachsettlement.com OR CALL TOLL-FREE (833) 522-4472



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This Claim Form may be submitted electronically via the Settlement Website at www.wpasdatabreachsettlement.com or completed and mailed, including any supporting documentation, to: Claims Administrator – 83053, c/o Kroll Settlement Administration, PO Box 225391, New York, NY 10150-5391

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.

First Name Last Name

Street Address

City State Zip Code

Email Address @ .

() Telephone Number

83053 Class Member ID, if known

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II. CASH BENEFIT SELECTION

Check this box if you are requesting compensation for **Extraordinary Losses** up to a total of \$5,000.

***You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

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

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>
TOTAL AMOUNT CLAIMED:	

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Check this box if you are requesting compensation for Ordinary Losses up to a total of \$500.

*You must submit supporting documentation demonstrating out-of-pocket costs and expenditures.

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

Table with 2 columns: Description of Documentation Provided, Amount. Includes example row for credit repair services and a TOTAL AMOUNT CLAIMED row.

Lost Time. Check this box if you spent time monitoring accounts or otherwise dealing with issues related to the Data Security Incident. You can submit a claim for reimbursement of \$25 per hour up to 4 hours (for a total of \$100). By checking this box, you are attesting that the activities you performed were related to the Data Security Incident.

Indicate the number of hours spent: 1 Hour 2 Hours 3 Hours 4 Hours

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In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Security Incident.

Check all activities, below, which apply. If no box applies, you must provide a written description in the "other" category.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
Time on the internet verifying fraudulent transactions.
Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
Reviewing or monitoring health insurance statements or accounts for fraudulent activity.
Contacting health insurance providers regarding suspicious or fraudulent transactions.
Time spent dealing with a fraudulent change-of-address
Time spent reviewing the notice of the Data Incident and confirming whether information was impacted by the Data Incident
Other. Provide description(s) here:

Horizontal lines for providing a description of other activities.

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III. CREDIT MONITORING SERVICES

Check this box if you wish to enroll in credit monitoring services for 2 years, which includes credit monitoring through IDX of at least one national credit reporting bureau with at least \$1,000,000 in identity theft insurance.

IV. ALTERNATIVE CASH PAYMENT

Check this box if you are requesting a cash payment of \$50 in the alternative to claiming Extraordinary Loss, Out-of-Pocket Loss, Lost Time, or Credit Monitoring.

V. PAYMENT SELECTION

If you want to receive an electronic payment, please submit your claim online. If you submit your claim using this paper Claim Form, a check will be mailed to you.

VI. ATTESTATION & SIGNATURE

I swear and affirm 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 Claims Administrator before my claim is considered complete and valid.

Signature

Date (mm/dd/yyyy)

Printed Name

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