

CLAIM FORM

*Beer v. Bluefield University
Case No. 1:23-cv-00055-MFU-PMS*

If you are a resident of the United States and were sent a notice letter from Bluefield University (“Bluefield,” or “Defendant”) notifying you that your Private Information was compromised in a Data Breach Incident (the “Incident”) on May 1, 2023, or Bluefield has been able to obtain alternate contact information for you, use this form to make a claim for reimbursement for Documented Out-of-Pocket Losses, and/or reimbursement of Lost Time, and/or Identity Theft Protection and Credit Monitoring Services, or a one-time Alternative Cash Payment.

GENERAL INSTRUCTIONS

If you fit the above description and are a member of the Settlement Class you are eligible to complete this Claim Form to request reimbursement for Documented Out-of-Pocket Losses as a result of the Incident up to a maximum of \$4,500 per Person, compensation for up to 5 hours of Lost Time at \$25 per hour for time spent reasonably related to mitigating the effects of the Incident (with any payment for Lost Time counting towards the \$4,500 cap), and/or three (3) years of one-bureau Identity Theft Protection and Credit Monitoring Services. If you previously opted to receive the complimentary credit monitoring services offered by Bluefield following the May 1, 2023 incident, you are still eligible to enroll in the three (3) years of Identity Theft Protection and Credit Monitoring Services provided by this Settlement.

-OR-

In lieu of receiving reimbursement for Documented Out-Of-Pocket expenses, reimbursement for Lost Time, and/or Identity Theft Protection and Credit Monitoring Services as described above, you may elect to submit a claim for a one-time Alternative Cash Payment of up to \$100. You cannot receive any of the benefits described in the prior paragraph, including three (3) years of Identity Theft Protection and Credit Monitoring Services, if you elect to receive the Alternative Cash Payment.

Please read the Claim Form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim. This Claim Form can be completed and submitted with the required documentation on the Settlement Website at www.BluefieldSettlement.com or mailed to the address below. **Claim Forms must be submitted on or before April 7, 2025.** Please legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to the address below. Documentation provided in support of your claim will not be returned, please retain copies of your documents for your personal records.

*Bluefield University Data Breach Settlement
c/o Atticus Administration
PO Box 64053
St. Paul, MN 55164*

I. 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 form.

First Name

Last Name

Mailing Address

City

State

Zip Code

Email Address

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

I certify that I reside in the United States and received notice from Bluefield that my Private Information was compromised in a data breach incident on May 1, 2023, or Bluefield has otherwise contacted me about this Settlement. YES NO

Enter the seven-digit Claimant ID Number printing above your name and address on your mailed Notice or the last four digits of your Social Security Number:

Notice ID Number

Social Security Number (last four digits)

III. IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES

I wish to receive three (3) years of Identity Theft Protection and Credit Monitoring Services. YES NO

IV. DOCUMENTED OUT-OF-POCKET LOSSES

Complete this section of the Claim Form to be reimbursed for Documented Out-Of-Pocket Losses that you incurred as a result of the Incident, up to a maximum of \$4,500. Documentation to substantiate your claim(s) is required and must accompany your Claim Form.

Documented Out-of-Pocket Loss Description	Date	Dollar Amount	Support Documentation Description

To qualify for Documented Out-Of-Pocket Loss reimbursements, documentation must be provided for each claimed out-of-pocket expense listed above.

V. LOST TIME

Complete this section of the Claim Form to receive compensation for up to five (5) hours of Lost Time at \$25 per hour for time spent reasonably related to mitigating the effects of the Incident, up to \$4,500 including reimbursement for Documented Out-Of-Pocket Losses.

I am claiming Lost Time in the total hours indicated below:

- 1 Hour (\$25) 2 Hours (\$50) 3 Hours (\$75) 4 Hours (\$100) 5 Hours (\$125)

The below attestation is required to be eligible for compensation for Lost Time.

- I attest and affirm to the best of my knowledge and belief that any claimed Lost Time was spent reasonably related to mitigating the effects of the Incident.

VI. ALTERNATIVE CASH PAYMENT

Complete this section of the Claim Form to receive a cash payment of up to \$100.00 in lieu of other benefits offered. The amount of the Alternative Cash Payment will depend on the amount of claims for Alternative Cash Payments and the amount of funds remaining in the Settlement Fund after all other distributions have been made, but will not exceed \$100, as explained in the Settlement Agreement.

The below attestation is required to be eligible Alternative Cash Payment.

- I am claiming the Alternative Cash Payment in lieu of Credit Monitoring and Identity Theft Protection, Out-of-Pocket Losses & Lost Time.

VII. PAYMENT SELECTION

Please select **one** payment method for receipt of any Settlement payment to which you are determined eligible:

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

- Venmo** - Enter your Venmo account mobile number: _____ - _____ - _____

- Zelle** - Enter your Zelle mobile number or email address:

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

- Virtual Prepaid e-Mastercard** - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided above.

YOU WILL RECEIVE A VERIFICATION EMAIL REGARDING YOUR DIGITAL PAYMENT. YOU MUST VERIFY AND AUTHENTICATE YOUR PAYMENT INFORMATION IN ORDER TO RECEIVE A DIGITAL PAYMENT. IF YOU DO NOT VERIFY AND AUTHENTICATE YOUR INFORMATION, A PAPER CHECK WILL BE SENT TO YOU.

VIII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

Printed Name

Date

PLEASE MAKE SURE YOUR CLAIM FORM IS COMPLETE, SIGNED, AND INCLUDES DOCUMENTATION TO SUPPORT ANY OUT-OF-POCKET LOSSES BEING CLAIMED.

THE CLAIM FORM MUST BE POSTMARKED FOR MAIL OR SUBMITTED ONLINE ON OR BEFORE APRIL 7, 2025.