

Philadelphia Inquirer Data Security Litigation
Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

PHIN

«3of9 barcode»

«BARCODE»

Postal Service: Please do not mark barcode

PHIN: ClaimID: «Claim Number»

PIN: «PIN»

«FIRST1» «LAST1»

«ADDRESS LINE 1» «ADDRESS LINE 2»

«CITY», «STATE»«PROVINCE» «POSTALCODE»

«COUNTRY»

*In re Philadelphia Inquirer
Data Security Litigation*

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Case No. 24-2106-KSM (E.D. Pa.)

**Must Be Postmarked
No Later Than
February 27, 2025**

Claim ID: <<ClaimNumber>>

PIN: <<PIN>>

CLAIM FORM FOR THE PHILADELPHIA INQUIRER DATA INCIDENT BENEFITS

**USE THIS FORM TO MAKE A CLAIM FOR CREDIT MONITORING AND INSURANCE SERVICES;
A DOCUMENTED LOSS PAYMENT; AND/OR A CASH FUND PAYMENT.**

Para una notificación en español, llamar 1-888-726-1663 o visitar nuestro sitio web www.PhillyInquirerSettlement.com.

The DEADLINE to submit this Claim Form is: February 27, 2025.

Claim Forms must be postmarked or submitted electronically by that date.

I. GENERAL INSTRUCTIONS

If you are an individual who was notified that you are a Class Member of a Settlement that was reached as a result of a Data Incident that occurred when files at The Philadelphia Inquirer, LLC (“Philadelphia Inquirer”) computer systems were accessed by an unauthorized person (the “Data Incident”), you are a Class Member.

As a Class Member, you are eligible to make a Claim for **one of the two following options**:

(1) up to a \$5,000 cash payment for reimbursement of Documented Losses that are more likely than not a result of the Data Incident (“Documented Loss Payment”);

OR

(2) a *pro rata* Cash Fund Payment, the amount of which will depend on the number of Class Members who participate in the Settlement and submit valid and Approved Claims for CMIS and Documented Loss Payments.

Additionally, Class Members will be entitled to claim one year of Credit Monitoring and Insurance Services (“CMIS”).

The Credit Monitoring and Insurance Services will include the following services, among others: (i) up to \$1,000,000 of identity theft insurance coverage; and (ii) one year of three-bureau credit monitoring providing, among other things, notice of changes to the Class Member’s credit profile. If you file a valid claim for Credit Monitoring and Insurance Services, you will receive an enrollment code that can be used to enroll in the service.

Cash Fund Payments may be reduced or increased *pro rata* (equal share) depending on how many Class Members submit claims. Complete information about the Settlement and its benefits are available at www.PhillyInquirerSettlement.com.

You must “opt in” to receive *either* of the two Settlement Benefits listed above. To opt in, you must complete this Claim Form, or the tear-off “Claim Form for CMIS and Cash Fund Payments Only” that is consistent with Sections III and V, on behalf of the individual who received a notification from the Philadelphia Inquirer.

This Claim Form may be submitted online at www.PhillyInquirerSettlement.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, including any supporting documentation, by U.S. mail to:

Philadelphia Inquirer Data Security Litigation Settlement Administrator

P.O. Box 301132

Los Angeles, CA 90030-1132



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of Credit Monitoring and Insurance Services, Documented Loss Payments, and Cash Fund Payments, you must notify the Settlement Administrator in writing at the address above.

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City										State		ZIP Code									
Area Code		—		Area Code		—		Cellular Telephone Number		Area Code		—		Area Code		—		Home Telephone Number			
Email Address																					
/		/																			
Date of Birth																					
Unique ID Number Provided on Mailed Notice																					

III. CREDIT MONITORING AND INSURANCE SERVICES (“CMIS”)

If you wish to receive Credit Monitoring and Insurance Services, you must fill in the circle for this section, provide your email address in the space provided in Section II, above, and return this Claim Form. You may also make a claim for Credit Monitoring and Insurance Services by submitting to the Settlement Administrator the tear-off “Claim Form for CMIS and Cash Fund Payments Only” you may have previously received by mail. Submitting this Claim Form will not automatically enroll you into Credit Monitoring and Insurance Services. To enroll, you must follow the instructions sent to your email address after the Settlement is approved and becomes final (the “Effective Date”). You do not need to submit any additional documents if you are electing this category, so long as you provide your Unique Claim ID that was provided on your mailed Notice.

If you wish to receive Credit Monitoring and Insurance Services, you must fill in this circle

In addition to CMIS, you may select ONE of the following options:

DOCUMENTED LOSS PAYMENT - Proceed to Section IV

OR

CASH FUND PAYMENT - Proceed to Section V



IV. DOCUMENTED LOSS PAYMENT

Please fill in this circle for this section if you are electing to seek reimbursement for up to \$5,000 of Documented Losses you incurred that are more likely than not a result of the Data Incident. Documented Losses include unreimbursed losses and consequential expenses that more likely than not resulted from the Data Incident and were incurred on or after May 11, 2023.

- If you are electing to seek reimbursement for up to \$5,000 of Documented Losses you incurred that are more likely than not a result of the Data Incident, you must fill in this circle.

In order to make a claim for a Documented Loss Payment, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (Section VIII); and (iii) include Reasonable Documentation supporting each claimed cost along with this Claim Form. Documented Losses need to be deemed more likely than not due to the Data Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Incident. **Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.**

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="radio"/> Unreimbursed fraud losses or charges	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)	\$ <input type="text"/> . <input type="text"/>	<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>
<input type="radio"/> Professional fees incurred in connection with identity theft or falsified tax returns	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)	\$ <input type="text"/> . <input type="text"/>	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i>
<input type="radio"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)	\$ <input type="text"/> . <input type="text"/>	<i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount</i>
<input type="radio"/> Credit freeze	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)	\$ <input type="text"/> . <input type="text"/>	<i>Examples: Notices or account statements reflecting payment for a credit freeze</i>



Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="radio"/> Credit monitoring that was ordered after May 11, 2023, through the date on which the Credit Monitoring and Insurance Services become available through this Settlement	<div style="border: 1px solid black; padding: 5px; width: 100%; text-align: center;"> [][] / [][] / [][][][][][][][][][] (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> \$ [][][][][][][][][][] . [][][][] </div>	<p><i>Examples: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i></p>
<input type="radio"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges	<div style="border: 1px solid black; padding: 5px; width: 100%; text-align: center;"> [][] / [][] / [][][][][][][][][][] (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> \$ [][][][][][][][][][] . [][][][] </div>	<p><i>Examples: 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 to remediate or address issues related to the Data Incident</i></p>
<input type="radio"/> Other (provide detailed description)	<div style="border: 1px solid black; padding: 5px; width: 100%; text-align: center;"> [][] / [][] / [][][][][][][][][][] (mm/dd/yyyy) </div>	<div style="border: 1px solid black; padding: 5px; width: 100%;"> \$ [][][][][][][][][][] . [][][][] </div>	<p><i>Please provide detailed description below or in a separate document submitted with this Claim Form</i></p>



Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<p> <input type="radio"/> Settlement Benefits Related to Emotional Distress </p> <p> <input type="radio"/> Fill in this circle only if you declare that you were a Medicare beneficiary during the time period of May 11, 2023, to the present and are seeking benefits in this Settlement related to emotional distress. If you were a Medicare beneficiary at any time during the period of May 11, 2023, to present and are seeking any reimbursement for emotional distress, please contact the Settlement Administrator at 1-888-726-1663 to provide additional information necessary for Medicare reporting requirements. </p> <p> <u>Leave this circle unfilled if either:</u> (i) you were not a Medicare beneficiary during the time period of May 11, 2023 to the present; or (ii) if you were a Medicare beneficiary at any time during the period of May 11, 2023 to the present and are not seeking any reimbursement for emotional distress from this Settlement. </p>	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) </div>	<div style="text-align: center;"> \$ <input type="text"/> . <input type="text"/> </div>	<p> <i>Examples: Bills from medical providers or for medications prescribed for the treatment of emotional distress, anxiety, or other mental health disorders reasonably related to the conditions caused by the Data Incident between May 11, 2023 and the Claims Deadline</i> </p> <p> <i>Please attach a copy of your medical bills, pharmacy bills, or an explanation of benefit forms showing the out-of-pocket expenditures for treatment of emotional distress or anxiety</i> </p>



If you do not submit Reasonable Documentation supporting a Documented Loss Payment claim, or your claim for a Documented Loss Payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, your claim will be considered for a Cash Fund Payment.

V. CASH FUND PAYMENT

If you wish to receive a Cash Fund Payment, you must fill in the circle for this section, and then simply return this Claim Form. You may also make a claim for a Cash Fund Payment by submitting to the Settlement Administrator the tear-off “Claim Form for CMIS and Cash Fund Payments Only” you may have previously received by mail. You do not need to submit any additional documents if you are electing this category, so long as you provide your Unique Claim ID that was provided on your mailed Notice.

If you wish to receive a Cash Fund Payment, you must fill in this circle.

VI. PAYMENT SELECTION

Please select one of the following payment options if you are seeking a Documented Loss Payment (Section IV) or a Cash Fund Payment (Section V).

PayPal - Enter your PayPal email address:
[Input field for PayPal email address]
PayPal Email Address

Venmo - Enter the mobile number associated with your Venmo account:
[Input field for Venmo mobile number]
Venmo Mobile Number

Zelle - Enter the mobile number or email address associated with your Zelle account:
[Input field for Zelle email address]
Zelle Email Address **OR**
[Input field for Zelle mobile number]
Zelle Mobile Number

Virtual Prepaid Card - Enter your email address:
[Input field for Virtual Prepaid Card email address]
Email Address

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



VII. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this Settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the Commonwealth of Pennsylvania that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me. I also understand that all claim payments are subject to the availability of Settlement Funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____

VIII. ATTESTATION (REQUIRED FOR DOCUMENTED LOSS PAYMENT CLAIMS ONLY)

I, _____, declare that I suffered the Documented Losses claimed above.
[Name]

I also attest that the Documented Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of Pennsylvania that the foregoing is true and correct.

Executed on _____, in _____, _____.
(Date) (City) (State)



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