



Cain v. CGM, Inc. c/o Kroll Settlement Administration P.O. Box 225391 New York, NY 10150-5391	ALL CLAIM FORMS MUST BE SUBMITTED NOT LATER THAN AUGUST 26, 2024
--	---

The DEADLINE to submit or mail this Claim Form is: August 26, 2024

Cain et al. v. CGM, L.L.C. d/b/a CGM, INC.
United States District Court for the Northern District of Georgia

For Office Use Only

CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you are an individual who was notified of the Data Incident by letter from CGM, L.L.C. d/b/a CGM, INC., and you wish to sign up for credit monitoring and Identity Theft Protection Services, had out-of-pocket expenses or Lost Time spent dealing with the Data Incident, or wish to receive an Alternative Cash Payment instead of out-of-pocket expenses and Lost Time. You may get a check if you fill out this Claim Form, if the settlement is approved, and if you are found to be eligible for a payment.

The Summary Notice describes your legal rights and options. Please visit the official Settlement Website, www.cgmsettlementsupport.com, or call **1-833-425-4613** for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **August 26, 2024**. Alternatively, you may submit a claim using the online form located on the Settlement Website listed above.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE.

1. CLASS MEMBER INFORMATION

First Name M.I. Last Name

Mailing Address: Street Address/P.O. Box (Include Apartment/Suite/Floor Number)

City State Zip Code

Current Email Address (Optional) @

(_____) - _____ - _____ 83032 _____
Current Phone Number (Required) Class Member ID (Required)

2. Identity Theft Protection Services

Three years of Identity Theft Protection Services

Check the box above if you wish to receive three years of credit monitoring and Identity Theft Protection Services (including \$1,000,000 in identity theft insurance) at no cost to you. If your claim is approved you will receive an activation code for the service by mail or email, along with instructions on how to activate the service. If you select this benefit, you may also claim reimbursement for Ordinary Losses, Extraordinary Losses, Lost Time, or the Alternative Cash Payment.





3. Payment of Ordinary Losses, Extraordinary Losses, and Lost Time

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of out-of-pocket expenses or Lost Time that you incurred as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation as described (if you provide account statements as part of proof for any part of your claim, you may mark out any unrelated transactions if you wish).

Lost Time attributable to the Data Incident

Settlement Class Members may make a claim for self-certified time spent related to the effects or potential effects of the Data Incident. Each Settlement Class Member may claim up to \$80 of Lost Time (calculated at \$20/hour, up to 4 hours) by simply attesting to the fact that they expended such time and describing how the time was spent.

I spent this many hours of time related to the Data Incident: _____ . _____ (round to the nearest 0.1 (6 minutes)).

Briefly describe how you spent that time in the space below:

Ordinary Losses fairly traceable to the Data Incident

Class Members may make a claim for documented Ordinary Losses related to the Data Incident, up to a maximum amount of \$400.00.

“Ordinary Losses” means the following out-of-pocket expenses fairly traceable to the Data Incident: (i) 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), miscellaneous qualified expenses subject to explanation, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; and (ii) fees for credit reports, credit monitoring, and/or other identity theft insurance product purchased between the date of the Data Incident and August 26, 2024.

Total amount claimed for this category: \$ _____ . _____ (maximum \$400.00)

Please describe the categories of Ordinary Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:

Extraordinary Losses fairly traceable to the Data Incident

Class Members may make a claim for documented Extraordinary Losses related to the Data Incident, up to a maximum amount of \$4,000.00.

“Extraordinary Losses” means unreimbursed costs or expenditures (other than Ordinary Losses) incurred and fairly traceable to the Data Incident. Extraordinary Losses include, without limitation, the unreimbursed costs, expenses, losses or charges incurred a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of information compromised in the Data Incident, and including accountant’s fees related to any credit freezes.

Total amount claimed for this category: \$ _____ . _____ (maximum \$4,000.00)





830320000000

Please describe the categories of Extraordinary Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:

You must represent under penalty of perjury that the losses relating to the claim are true and accurate.

I declare under penalty of perjury that the information supplied for Extraordinary Losses is true and correct to the best of my recollection.

Signature / _____
Date (mm/dd/yyyy)

Printed Name

4. Alternative Cash Payment

Alternative Cash Payment

Check the box above if instead of reimbursement of Lost Time, Ordinary Losses, or Extraordinary Losses, you wish to receive an Alternative Cash Payment estimated to be \$20 (subject to increase or decrease based on the total Net Settlement Funds remaining after payment of all other claim types). This payment will be calculated as your pro rata amount of the Net Settlement Fund that remains after all payments for credit monitoring and for valid Ordinary Losses, Extraordinary Losses, and Lost Time, based on the number of people who submit a valid claim for any of the benefits of this settlement.

5. Sign and Date Your Claim Form

Signature / _____
Date (mm/dd/yyyy)

Printed Name

6. Reminder Checklist.

- Keep copies of the completed Claim Form and documentation for your own records.
- If your address changes or you need to make a correction to the address on this Claim Form, please visit the Contact section of the Settlement Website at **www.cgmsettlementsupport.com** or send written notification of your new address. Make sure to include your Class Member ID and your phone number in case we need to contact you in order to complete your request.
- Please do not provide any sensitive documents that may contain personal information via email to the Settlement Administrator. If you need to supplement your claim submission with additional documentation, please provide these documents by mail.

For more information, please visit the Settlement Website at **www.cgmsettlementsupport.com**, or call the Settlement Administrator at **1-833-425-4613**. Please do not call the Court or the Clerk of the Court for additional information.



83032



CF



Page 3 of 3