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**CLAIM FORM FOR THE HORIZON ACTUARIAL SERVICES, LLC,
DATA SECURITY INCIDENT CLASS ACTION SETTLEMENT BENEFITS**

**USE THIS FORM TO MAKE A CLAIM FOR A LOST TIME PAYMENT,
OUT-OF-POCKET LOSS PAYMENT, CALIFORNIA RESIDENT CASH PAYMENT,
OR CASH PAYMENT.**

For more information, call 1-877-395-9210 or visit the website *www.HorizonDataSettlement.com*.

The DEADLINE to submit this Claim Form online (or have it postmarked for mailing) is February 21, 2024.

I. GENERAL INSTRUCTIONS

If your private information may have been impacted in a data security incident involving Horizon Actuarial Services, LLC, or Horizon Actuarial, you are a Settlement Class Member. The event that may have impacted your data is referred to here as the “Data Security Incident.”

The Settlement establishes a \$8,733,446.36 fund to compensate Settlement Class Members for their lost time and out-of-pocket losses or expenses as well as for the costs of notice and administration, and attorneys’ fees and expenses as awarded by the Court. As a Settlement Class Member, you are eligible for cash payments as reimbursement for your time and money spent in response to the Data Security Incident (such as money spent on credit monitoring), as well as for any money you lost as a result of incidents of fraud or identity theft resulting from the Data Security Incident. You must fill out this Claim Form to receive these benefits. **You may submit a claim for one or more of these benefits, including that you may receive a lost time payment, Out-of-Pocket Loss payment, a cash payment, and/or California resident cash payment.**

The claimable benefits are as follows:

a. Lost Time Claims

You may submit a claim for reimbursement for time spent resolving issues attributable to the Data Security Incident. You will be reimbursed at \$25/hour for up to 5 hours of time spent, **up to \$125 total**. By filling out this Claim Form, you must attest to the amount of time you spent attempting to mitigate the effects of the Data Security Incident on your life. This can include, for example, time spent on the phone with banks, time spent dealing with replacement card issues or reversing fraudulent charges, time spent monitoring accounts, or time spent freezing your credit. **You do not have to include documentation of your lost time. Instead, you can swear, under penalty of perjury, to the amount of time you spent.**

b. Out-of-Pocket Losses

You are eligible to receive reimbursement for money you paid to protect yourself from the Data Security Incident, such as money spent on a credit monitoring service. You are also eligible to receive reimbursement for money you lost as a result of fraud or identity theft, if that money has not been reimbursed from another source. This includes:

- Any costs incurred from credit monitoring services or ordering copies of your credit report;
- Late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, and/or card cancellation or replacement fees;
- Late fees from transactions with third parties that were delayed due to fraud or card replacement;
- Unauthorized charges on credit, debit, or other payment cards that were not reimbursed;
- Parking expenses or other transportation expenses for trips to a financial institution to address fraudulent charges or receive a replacement payment card;
- Costs incurred obtaining credit freezes; and
- Other expenses that are reasonably attributable to the Data Security Incident that were not reimbursed.

These Out-of-Pocket Losses must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents. You cannot recover more than \$5,000 in Out-of-Pocket Loss, less any lost time claims.



40069050999999995

c. \$50 Cash Compensation (Cash Payment)

All Settlement Class Members may submit a claim for up to \$50 in cash compensation. Settlement Class Members must submit their Unique Class Member ID number, if direct notice was given to them, or an attestation under penalty of perjury that their personal information was impacted in this Data Security Incident, along with their name and address, if they received notice by publication. No other documentation is required. The amount of the cash payments may decrease on a pro rata basis depending upon the number of valid and approved claims submitted.

d. California Residents

Settlement Class Members who were California residents at the time of the Data Security Incident may be entitled to an additional payment of up to \$50. To prove California residency, you may swear, under penalty of perjury, to the span of time you lived in California. The amount of the California Claims may decrease on a pro rata basis depending upon the number of valid and approved claims submitted.

In the unlikely event that too many claims are submitted for lost time and Out-of-Pocket Losses to be fully funded from the Settlement Fund, your payment on these claims may also be reduced pro rata.

Completing the Claim Form

This Claim Form may be submitted online at www.HorizonDataSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. If submitting by U.S. Mail, mail your completed Claim Form, including any supporting documentation, to the following address:

Horizon Actuarial Settlement Administrator
P.O. Box 4298
Portland, OR 97208-4298



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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 cash payments, you must notify the Settlement Administrator in writing at the address above.

Claimant Name:

First Name

MI

Last Name

Street Address

Street Address Second Line

City

State

ZIP Code

Unique ID

If you received a notice of this Settlement by U.S. Mail, your Unique ID is on the envelope or postcard. If you received a notice of this Settlement by email, your Unique ID is in the email.

Email Address:

Phone Number (optional):

You may submit a claim for one or more of these benefits:

1) CASH PAYMENT

Please check this box if you would like to claim a cash payment under the Settlement.

** The payment under this option will originally be set at \$50; however, the value of the cash payment under this option will be decreased pro rata based upon the number of valid and approved claims submitted.

2) LOST TIME PAYMENT

Please check this box here if you are electing to seek reimbursement for Lost Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Incident.

Settlement Class Members who elect to submit a Claim for Lost Time Payment may claim no more than \$125 at \$25/hour for five hours of time actually spent addressing issues arising from the Data Security Incident. If you are selecting reimbursement for Lost Time, you must fill in the blanks in this section and sign the certification below.

I declare that I suffered Lost Time. Specifically, I spent the following number of hours in response to the Data Incident: **(check one)** 1 2 3 4 5

3) CASH PAYMENT TO CALIFORNIA RESIDENTS

California residents, due to the heightened statutory damages available to them under California law, may elect to receive an up to \$50 cash payment under the Settlement.

If you are a California resident, would you like to receive an up to \$50 cash payment under the Settlement?



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4) REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

- Please check this box here if you are electing to seek reimbursement for unreimbursed **Out-of-Pocket Losses** and such claimed losses above will total no more than \$5,000.00, inclusive of any Lost Time Payment. You must provide reasonable documentation of the claimed Out-of-Pocket Losses. Self-attested documentation will not suffice. See below for more information.

Making a Claim for Out-of-Pocket Expenses

In order to make a claim for Out-of-Pocket Expenses, **you must** (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the Certification at the end of this Claim Form (section III); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Out-of-Pocket losses need to be deemed fairly traceable to the Data Security Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Security Incident.

Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.



Out-of-Pocket Cost Type (Fill all that apply) and Examples of Documents	Approximate Date of Loss	Amount of Loss	Description of Loss or Money Spent (Identify what you are attaching and why)
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="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	Your documents: _____ _____ _____ _____
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="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	Your documents: _____ _____ _____ _____
Credit freeze. <i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	Your documents: _____ _____ _____ _____
Credit Monitoring ordered after receipt of the Data Incident Notice. <i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	Your documents: _____ _____ _____ _____
Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges. <i>Examples: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (e.g., police station, IRS office) why you traveled there (e.g., 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>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	Your documents: _____ _____ _____ _____



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<p>Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing. <i>Examples: Letter from IRS or state about tax fraud in your name, documents reflecting length of time you waited to receive federal and/or state tax refund and the amount of any tax refund that you did not receive due to the tax fraud.</i></p>	<p>MM - DD - YY</p>	<p>\$ [] [] [] [] [] [] • [] []</p>	<p>Your documents: _____ _____ _____ _____</p>
<p>Other (provide detailed description).</p>	<p>MM - DD - YY</p>	<p>\$ [] [] [] [] [] [] • [] []</p>	<p>Your documents: _____ _____ _____ _____</p>
<p>Fraudulent tax filings. <i>Examples: Letter from IRS or state about tax fraud in your name, accountant bill for re-filing tax return.</i></p>	<p>MM - DD - YY</p>	<p>\$ [] [] [] [] [] [] • [] []</p>	<p>Your documents: _____ _____ _____ _____</p>
<p>Opening of bank accounts and/or credit cards in your name. <i>Examples: Notification from bank of new credit card or account, correspondence with bank about closing the account.</i></p>	<p>MM - DD - YY</p>	<p>\$ [] [] [] [] [] [] • [] []</p>	<p>Your documents: _____ _____ _____ _____</p>
<p>Government benefits taken in your name. <i>Examples: Notification of unemployment benefits being taken, correspondence with agency regarding issue</i></p>	<p>MM - DD - YY</p>	<p>\$ [] [] [] [] [] [] • [] []</p>	<p>Your documents: _____ _____ _____ _____</p>

If you **do not submit** reasonable documentation supporting a claim for Out-of-Pocket Losses, or your claim for an Out-of-Pocket Loss payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claims for Lost Time, Cash Payment, and/or California Resident Cash Payment, if such claims are made, will be considered.



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III. 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 United States of America 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 claims for payments under this Settlement 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:

Date:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM			DD			YYYY			

Print Name: