

Erazo et al., v. The Regents of the University of California,
Lead Case No. RG21097796 (Cal. Sup. Ct.)
Class Action Settlement

CLAIM FORM

Section I. Claimant Information

First Name (required)

Last Name (required)

Street Address (required)

City (required)

State (required)

ZIP Code (required)

Country (required)

Email Address (required) @ _____

(____) ____ - ____
Phone Number (required)

Section II . Statutory Payment **[Only applicable for CMIA Class Members]**

The Regents of the University of California's records indicate that you are a Settlement Class Member and may have had responses to the 2020 University of California Undergraduate Experience Survey (UCUES) or medical information exposed in the Data Breach. **You will receive a minimum payment of \$150.** Please select your payment option below or make sure your contact information above is correct. If you would like to submit a claim for other settlement benefits, you can do so by completing the remaining sections in this Claim Form.

Section III . Fraud/Out-of-Pocket Costs/Time Payment

If you paid money out-of-pocket or spent five hours or more addressing identity theft, fraudulent activity, or other negative consequences of the Data Breach, you can make a claim for reimbursement in this section. Any claim for reimbursement of out-of-pocket costs or time spent addressing the Data Breach may not exceed \$10,000 and must be supported by documentation that demonstrates the amount of the costs or time spent and their relation to the Data Breach. You must also attest below to the amount of the expenses or time spent and that they are related to the Data Breach.

Even if you don't complete this section, you may still be eligible for a *pro rata* payment, as explained in Section IV.

For Fraud/Out-of-Pocket Costs:

Examples of reimbursable expenses include late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, card cancellation or replacement fees, credit-related costs related to purchasing credit reports, credit monitoring or identity theft protection, costs to place a freeze or alert on credit reports, costs to replace a driver's license, state identification card, or Social Security number. To be eligible for reimbursement, the expenses must be related to the Data Breach. Please use the following chart to make your claim:

Cost Type (Check all that apply)	Date of Loss (Approximate)	Amount of Loss	Description of Reasonable Documentation (What you are attaching and why)
<input type="checkbox"/> Losses from identity theft or fraud	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div>(mm/dd/yyyy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges.</i>
<input type="checkbox"/> Fees or costs incurred in connection with identity theft or fraud	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div>(mm/dd/yyyy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i>
<input type="checkbox"/> Lost interest or other damages resulting from delayed state and/or federal tax refund resulting from fraudulent tax return	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div>(mm/dd/yyyy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<i>Examples: Letter from IRS or state taxing authority about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount thereof.</i>
<input type="checkbox"/> Credit freeze	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div>(mm/dd/yyyy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<i>Examples: Notices or account statements reflecting payment for a credit freeze.</i>
<input type="checkbox"/> Credit monitoring that was purchased after December 24, 2020	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div>(mm/dd/yyyy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<i>Examples: Receipts or account statements reflecting purchases made for identity theft protection and/or credit monitoring services.</i>
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and/or long-distance telephone charges	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div>(mm/dd/yyyy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (such as police station or IRS office), indication of why you traveled there (i.e. police report or letter from IRS regarding falsified tax return) and number of miles you traveled.</i>
<input type="checkbox"/> Other (provide detailed description)	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div>(mm/dd/yyyy)</div>	<div> <div>\$</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div>.</div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<i>Please provide detailed description below or in a separate document submitted with this Claim Form.</i>

Please include proof of your Fraud/Out of Pocket Costs. Visit www.regents-accelliondatabreachsettlement.com to submit your claim online and upload your documentation.

For Documented Time

You can also submit a claim if you spent at least 5 hours of time attempting to remedy negative effects of the Data Breach, such as time spent on identity fraud, theft, fraud, bank fees, card cancellations, credit card fees, late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, card cancellation or replacement fees, credit-related costs related to purchasing credit reports, credit monitoring or identity theft protection, placing a freeze or alert on credit reports, and replacing a driver's license, state identification card, or Social Security number. You must demonstrate that you spent at least 5 hours of time, and eligible time claims will be paid at the rate of \$30 per hour.

Please enter the total number of hours you spent attempting to remedy negative effects of the data breach:

Please include proof of time you spent. The document(s) you provide should reflect both the amount of time that you spent and why you needed to spend this time attempting to remedy negative effects of the Data Breach. Visit www.regents-accelliondatabreachsettlement.com to submit your claim online and upload your documentation.

☐ I attest that all Fraud/Out-of-Pocket/Time expenses I have claimed above were incurred on or after December 24, 2020, and I reasonably believe they were related to the Data Breach.

Section IV . Pro Rata Payment

By completing this Claim Form, you will also be eligible to receive a *pro rata* payment from the Net Settlement Fund, provided that the Fund is not depleted by Statutory Payments and claims for Fraud/Out-of-Pocket Costs/Time Payments. The amount will depend on the participation rate for the Settlement and the amount will be each eligible claimant's *pro rata* share of the remaining Net Settlement Fund, after all Statutory Payments and Fraud/Out-of-Pocket Costs/Time Payments have been made. If there are insufficient funds remaining for each *pro rata* share to be at least five dollars, the remaining Net Settlement Fund will be distributed equally among only those Participating Settlement Class Members that received a Statutory Payment or a Fraud/Out-of-Pocket Costs/Time Payment.

Section IV or V. Payment Method

If your claim is approved and you qualify for a monetary payment, a physical check will be mailed to the address provided on page 1. To receive a digital payment instead, please submit your Claim Form online at www.regents-accelliondatabreachsettlement.com

☐ I agree to permit the Settlement Administrator to contact me through the email address, mailing address, or phone number that I provided for purposes of administering this Settlement.

By submitting my claim, I attest that the information submitted on this Claim Form is true and correct and that I believe I am a Settlement Class Member entitled to the relief requested by submitting this Claim Form.

Date

Signature