

CLAIM FORM

A Settlement has been reached in a proposed class-action lawsuit (“Lawsuit”) concerning a cyber-attack against Wichita State University (“WSU”), whereby criminals accessed WSU’s computer systems resulting in the potential compromise of personal information (the “Data Incident”). The Lawsuit alleges that in December 2019, WSU “learned that ‘an unauthorized person gained access’ to a ‘computer server that WSU used to operate various student and employee web portals’ between December 3, 2019 and December 5, 2019.” The Lawsuit alleges that the Data Incident exposed personally identifiable information of Plaintiff and the Class, including names, email addresses, dates of birth, and Social Security Numbers (“PII”). WSU denies all of the claims in the lawsuit, including that any personal information was accessed, and says it did not do anything wrong.

You are a “Class Member” if you were sent notification by WSU that your personal identifying information may have been exposed in the Data Incident announced by WSU in March 2020, and you may be entitled to share in the Settlement Benefits.

As a Class Member, you are eligible to receive up to \$300 in (1) documented out-of-pocket expenses and (2) up to three hours of time spent dealing with the Data Incident, at \$20 per hour.¹

TO BE ELEGIBLE FOR ANY SETTLEMENT BENEFITS, YOU MUST COMPLETE AND SIGN THIS CLAIM FORM AND MAIL IT SO THAT IT IS POSTMARKED NO LATER THAN JULY 12, 2021.

The Claim Form can be filled out online or submitted by mail. Checks will be mailed to eligible Class Members if the Settlement is approved by the Court.

The Settlement Notice describes your legal rights and options. Please visit the Settlement website, www.WichitaStateUniversitySettlement.com, or call 1-844-367-8804 for more information.

Claim submission options:

- File a Claim online at www.WichitaStateUniversitySettlement.com. Your form must be submitted by 11:59 p.m. Central Time on July 12, 2021.
- Print this form, complete the form in its entirety, and mail to the Claims Administrator at the address listed on page four of this Claim Form. **YOU MUST INCLUDE YOUR CLASS MEMBER ID.** You can locate your Class Member ID at the top of the postcard Notice that was sent to you. Your Claim Form must be postmarked by July 12, 2021.
- You must complete the Claim Form in its entirety and then mail the completed Claim Form so that it is postmarked by July 12, 2021.

¹ Documented out-of-pocket expenses include: (i) unreimbursed bank fees or penalties; (ii) unreimbursed card reissuance fees or penalties; (iii) unreimbursed overdraft fees or penalties; (iv) unreimbursed charges related to unavailability of funds; (v) unreimbursed late fees or penalties; (vi) unreimbursed over-limit fees or penalties; (vii) long distance telephone charges; (viii) cell minutes (if charged by minute), internet usage charges (if charged by the minute or by the amount of data usage and incurred solely as a result of the Data Incident), and text messages (if charged by the message and incurred solely as a result of the Data Incident); (ix) unreimbursed charges from banks or credit card companies; (x) interest on payday loans due to card cancellation or due to over-limit situation incurred solely as a result of the Data Incident; (xi) costs of credit report(s) purchased by class members between December 3, 2019 and the date of the Preliminary Approval Order (with affirmative statement by the class member that it was purchased primarily because of the Data Incident); (xii) costs of credit monitoring and identity theft protection purchased by Class Members between December 3, 2019 and forty-five (45) days after the date on which notice of the settlement is sent to the Class Members (with affirmative statement by the Class Member that it was purchased primarily because of the Data Incident and not for other purposes, and with proof of purchase); and (xiii) other losses incurred by Class Members determined to be fairly traceable to the Data Incident by the Claims Administrator.

You are also eligible for up to 3 hours of time spent dealing with the Data Incident, valued at \$20 per hour. In order to receive this benefit, you must (1) have spent at least one hour of time dealing with the Data Incident; (2) attest that any claimed lost time was spent dealing with the Data Incident; and (3) provide a written description of how the claimed lost time was spent related to the Data Incident.



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- Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for the losses or charges for which you seek reimbursement in this Claim Form.
- Check this box to confirm that all time claimed by you in this Claim Form was spent dealing with the Data Incident.

If the time was spent online or on the telephone, briefly describe what you did, or attach a copy of any letters or emails you wrote. If the time was spent trying to reverse fraudulent charges, briefly describe what you did. If the time was spent checking or updating accounts, identify the accounts that had to be checked or updated.

b. **Expense Reimbursement Resulting from the Data Incident:** (not to exceed \$300 per Settlement Class Member)

Check the box for each category of documented out-of-pocket expenses you had to pay as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and attach documentation of the charges as described in **bold type** (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

- Credit reports, identity theft insurance, or credit monitoring charges.

Examples - The cost of a credit report, identity theft insurance, or credit monitoring services that you purchased after hearing about the Data Incident.

Total amount for this category \$ _____

Attach a copy of a receipt or other proof of purchase for each credit report or product purchased.

- Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for the losses or charges for which you seek reimbursement in this Claim Form.
- Check this box to confirm that any and all credit reports, identity theft insurance, or credit monitoring claimed for reimbursement were purchased primarily because of the Data Incident.
- Bank fees or penalties.

Examples - Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

Date reported _____

Description of the person(s) to whom you reported the fraud:

Total amount for this category \$ _____

Attach a copy of a bank or credit card statement or other proof of the fees or charges.



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Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for the losses or charges for which you seek reimbursement in this Claim Form.

Fees or charges relating to the reissuance of your credit or debit card.

Examples – Fees that your bank charged you because you requested a new credit or debit card.

Total amount for this category \$ _____

Attach a copy of a bank or credit card statement or other receipt showing these fees.

Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for the losses or charges for which you seek reimbursement in this Claim Form.

Fees or costs relating to your account being frozen or unavailable.

Examples - You were charged a late fee or interest by another company because your payment was declined. You had to pay a fee for a money order or other form of alternative payment because you could not access funds in your account. You had to take out a payday loan as a result of funds being unavailable.

Total amount for this category \$ _____

Attach a copy of receipts, bank or credit card statements, or other proof that you had to pay these expenses.

Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for the losses or charges for which you seek reimbursement in this Claim Form.

Other incidental telephone, internet, or postage expenses directly related to the Data Incident.

Examples - 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)

Total amount for this category \$ _____

Attach a copy of the bill from your telephone or mobile phone company or internet service provider that shows the charges.

Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for the losses or charges for which you seek reimbursement in this Claim Form.



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WSU Data Breach Settlement
c/o Claims Administrator
PO Box 70
Warminster, PA 18974-0070