

### Nevada Restaurant Services Data Incident Settlement

#### **CLAIM FORM**

This Claim Form should be filled out and submitted online or by mail if you had documented out-of-pocket expenses, lost time spent, or documented unreimbursed extraordinary monetary losses as a result of the Data Incident involving Nevada Restaurant Services, Inc ("NRS"), or if you are requesting credit monitoring or the alternative cash payment.

Checks will be mailed, or electronic payments will be made, to eligible Settlement Class Members if the settlement is approved by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, **www.NevadaRestaurantServicesDataSettlement.com** or call toll-free number, **(833) 522-7586**, for more information.

Your claim must be submitted online or postmarked by September 17, 2024, to be considered for payment.

Only one claim form may be submitted per Settlement Class Member.

Claim submission options:

- File a claim online at www.NevadaRestaurantServicesDataSettlement.com
- Print this form, complete the form in its entirety, and mail to the Claims Administrator at:

Sanguinetti v. NRS c/o Kroll Settlement Administration LLC PO Box 225391 New York, NY 10150-5391

#### YOU MUST INCLUDE YOUR CLASS MEMBER ID.

You can locate your Class Member ID on the postcard Notice that was sent to you.

### **1. SETTLEMENT CLASS MEMBER INFORMATION**

Class Member ID: 8 3 0 4 3		
Name (REQUIRED): First Name	Mi Last Name	
Number and Street Address (REQUIRED)		
City (REQUIRED)	State (REQUIRED)	Zip Code (REQUIRED)
Telephone Number ( <i>REQUIRED</i> ): (	)	
Email Address (optional):	@	
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## 2. PAYMENT ELIGIBILITY INFORMATION

Please review the Notice and sections 2.1 through 2.2 of the Settlement Agreement (available at **www.NevadaRestaurantServicesDataSettlement.com**) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

If you wish to receive your cash payment electronically, please provide the email address associated with your PayPal, Venmo, or Zelle account below, sign, and return this Claim Form. If you do not select an electronic payment option, a check will be mailed to the address above.

### The email address associated with my PayPal account is [OPTIONAL]:

The email address associated with my Venmo account is [OPTIONAL]:

The email address associated with my Zelle account is [OPTIONAL]:

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## **3. CLAIM TYPE AND REIMBURSEMENT SELECTION**

Please provide as much information as you can to help determine if you are entitled to a Settlement payment. TO FILL OUT THIS SECTION:

- 1. Check the box for each category of documented out-of-pocket expenses, fraudulent charges, or lost time that you incurred between January 16, 2021, and September 17, 2024, as a result of the Data Incident.
- 2. Fill in the total amount you are claiming for each category and provide descriptions when necessary.
- 3. Attach documentation clearly outlining the charges as you described them.

### **Documented Expense Reimbursement:**

You may receive reimbursement for documented out-of-pocket expenses or costs incurred as a result of the Data Incident, up to a total of \$350, which includes any claim for lost time made below.

### Unreimbursed bank fees as a result of the Data Incident.

Total amount claimed for this category \$\_\_\_\_\_

*I have attached a copy of a bank or credit card statement or other proof of the fees or charges.* (You may mark out any transactions that were not fraudulent or not relevant to your claim)

Date reported:

Description of the person(s) and/or companies to whom you reported the fraud:

Other incidental telephone, internet, postage, or gasoline (for local travel only) 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 claimed for this category \$



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I have attached a copy of the bill from my telephone or mobile phone company or internet service provider, postage provider, or gasoline provider that shows the charges, receipts, or other proof or purchase of the fees or charges.

(You may mark out any transactions that were not fraudulent or not relevant to your claim)

Fees for credit reports, credit monitoring, or other identity theft insurance product purchased between January 16, 2021, and September 17, 2024, related to the Data Incident.

Total amount claimed for this category \$

*I have attached a copy of a receipt or other proof of purchase for each credit report or product purchased related to the Data Incident.* 

(You may mark out any transactions that were not fraudulent or not relevant to your claim)

Hours of time spent dealing with the Data Incident (which will be calculated and paid at a rate of \$35 per hour, max of 4 hours).

Total number of hours claimed

In order to receive this payment, you <u>must</u> describe what you did and how the claimed lost time was spent related to the Data Incident, along with an attestation under penalty of perjury that you spent the claimed time responding to issues raised by the Data Incident.

I attest under penalty of perjury and the laws of the United States and my state of residence that I spent the below described lost time responding to issues raised by the Data Incident:

### **Documented Extraordinary Loss Reimbursement**

If you wish to receive reimbursement of actual, documented, and unreimbursed losses (up to \$10,000), with submission of a proof of loss under penalty of perjury, that were caused by the Data Incident, occurred between January 16, 2021 and September 17, 2024, and not already covered by one or more of the other categories of Settlement benefits, describe the unreimbursed losses claimed (including the amount of each loss), sign the attestation at the end of this Claim Form, and attach supporting documentation (if you provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). By signing the attestation below, you are affirming that the claimed losses were caused by the Data Incident.

Describe all actual, documented, and unreimbursed losses (including the amount of each loss and the total amount claimed) that were caused by the Data Incident.

Date	Description of Loss	Amount
//		\$
//		\$
//		\$

Total: \_\_\_\_\_.









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I have attached documentation showing that the claimed loses were caused by the Data Incident.

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 these fraudulent charges.

## **Credit Monitoring**

All Settlement Class Members are eligible to claim three (3) years of credit monitoring and identity restoration services.

If you select "YES" for this option, you will need to follow instructions and use an activation code that you receive <u>after</u> the Settlement is final. Credit Monitoring Protections will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address. If you do not have an email address, your activation code and instructions will be sent to your home address listed on this Claim Form.

YES, I want to sign up to receive three (3) years of free Credit Monitoring

## Alternative Cash Payment

You may choose to receive a cash payment, estimated to be \$50, in lieu of all the other benefits offered. The amount of the cash payments may be reduced depending upon the number of claims filed.

Do you wish to receive an alternative cash payment instead of all other benefits?

YES

NO

# **4. SIGN AND DATE YOUR CLAIM FORM**

I declare under penalty of perjury and the laws of the United States and my state of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

Print Name

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# 5. SUBMIT YOUR CLAIM FORM

This Claim Form and all supporting documentation must be either submitted online at **www.NevadaRestaurantServicesDataSettlement.com** or postmarked by **September 17, 2024,** and mailed to:

Sanguinetti v. NRS c/o Kroll Settlement Administration LLC PO Box 225391 New York, NY 10150-5391





