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Your claim must be submitted online or postmarked by: July 31, 2024

CLAIM FORM FOR LIFESCAN LABS DATA INCIDENT AND BIPA SETTLEMENT

LIFESCAN-C

Kidd v. Lifescan Labs of Illinois, LLC

Case No.: 2023LA44

Circuit Court, Fourteenth Judicial Circuit, Whiteside County, Illinois

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE DATA INCIDENT SETTLEMENT CLASS TO MAKE A CLAIM FOR OUT-OF-POCKET LOSSES AND/OR LOST TIME CLAIMS

GENERAL INSTRUCTIONS

If you have been identified on a Summary Notice you received as a potential Data Incident Settlement Class member, you are eligible to complete this Claim Form to claim (1) up to \$3,000 for (i) reimbursement for documented Out-of-Pocket Losses and/or (ii) up to 4 hours of lost time compensable at \$25 per hour. Claims for Out-of-Pocket Losses combined with lost time are capped at \$3,000.

If you have been identified on a Summary Notice you received as a BIPA Settlement Class member, and you do not timely opt-out of the settlement, you will receive a check less your *pro rata* share reduction for Administrative Costs, Attorneys Fees and Expenses Award, and Service Award from the BIPA Settlement Fund. You need not submit a claim for this benefit. If you *also* have been identified on a Summary Notice you received as a Data Incident Settlement Class member, you can still use this Claim Form to claim Out-of-Pocket Losses or lost time as indicated above.

Please refer to the Long Notice posted on the settlement website www.LifeScanSettlement.com, for more information on submitting a Claim Form and information on the aggregate cap on claims.

To receive benefits for Out-of-Pocket Losses or lost time, you must submit the Claim Form below by July 31, 2024.

This Claim Form may be submitted electronically *via* the settlement website at www.LifeScanSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Kidd v. Lifescan Labs of Illinois, LLC
c/o Kroll Settlement Administration LLC
PO Box 225391
New York, NY 10150-5391

Questions? Go to www.LifeScanSettlement.com or call (833)-425-4113.



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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

First Name Last Name

Address 1

Address 2

City State Zip Code

Email Address (optional): @

Telephone Number: () -

II. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify that you are a Person whose information was maintained on Defendant Lifescan's computer systems and/or network that was impacted in the Data Incident.

Enter the Class Member ID Number provided on your Summary Notice or the last four digits of your Social Security Number:

Class Member ID : 0 0 0 0

Social Security Number (last four digits only):

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III. COMPENSATION FOR LOST TIME

All Data Incident Settlement Class members who have spent time remedying issues related to the Data Incident may claim up to four (4) hours for lost time at a rate of \$25 per hour. Claims made for time are subject to a four (4) hour cap and can be combined with reimbursement for Out-of- Pocket Losses, subject to the Three Thousand Dollar (\$3,000) aggregate individual cap for Out-of- Pocket Losses

Hours claimed (up to 4 hours – check one box) [] 1 Hour [] 2 Hours [] 3 Hours [] 4 Hours

[] I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Incident.

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident. Check all activities, below, which apply.

- [] Calling bank/credit card customer service lines regarding fraudulent transactions.
[] Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
[] Time on the internet verifying fraudulent transactions.
[] Time on the internet updating automatic payment programs due to new card issuance.
[] Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
[] Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
[] Other. Provide description(s) here: _____

Blank lines for providing a description of other activities.



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IV. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

Data Incident Settlement Class members whose information was maintained on Defendant Lifescan's computer systems and/or network that was impacted in the Data Incident may submit a Claim Form for reimbursement of documented Out-of-Pocket Losses, not to exceed \$3,000 per Settlement Class Member, that was for a monetary Out-of-Pocket Loss incurred as a result of the Data Incident if: (a) it is an actual, documented, and unreimbursed monetary loss; (b) it was more likely than not caused by the Data Incident; (c) it occurred during the Claims Period, through and including between October 3, 2021 and the end of the Claims Deadline; and (d) the claimant made reasonable efforts to avoid, or seek reimbursement for, the loss. Generally, an Out-of-Pocket Loss is unreimbursed financial loss as the direct result of financial fraud or stolen identity.

You must submit documentation to obtain this reimbursement.

This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

I have attached documentation showing that the claimed losses were more likely than not caused by the Data Incident.

Examples of such losses include unreimbursed payments for identity theft protection or credit monitoring services and financial losses due to stolen identity incurred as a result of the Data Incident, etc. These are only examples and do not represent a complete list of losses eligible for compensation. Please provide a description of any loss that you claim was incurred as a result of the Data Incident.

Examples of documentation include receipts for identity theft protection services, fees paid to a professional to remedy a falsified tax return, etc.

Table with 4 columns: Description of the Loss, Date of Loss, Amount, and Description of Supporting Documentation. It contains two example rows and five empty rows for user input.



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V. PAYMENT SELECTION

If you would like to elect to receive your settlement payment through electronic transfer, please visit the website and timely file your Claim Form. The settlement website includes a step-by-step guide for you to complete the electronic payment option.

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

____/____/_____
Date

Print Name

Reminder Checklist.

If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please visit the Contact section of the Settlement Website at www.LifeScanSettlement.com and provide your updated address information. 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.

For more information, please visit the Settlement Website at www.LifeScanSettlement.com, or call the Claims Administrator at (833) 425-4113. Please do not call the Court or the Clerk of the Court for additional information.



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