

Your claim must be  
submitted online or  
postmarked by:  
**JUNE 6, 2024**

**CLAIM FORM FOR SUFFOLK UNIVERSITY  
DATA SECURITY SETTLEMENT**

**SUFFOLK  
UNIVERSITY**

*Megan Jackson, et al. v. Suffolk University*  
Case No. 1:23-cv-10019

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS  
TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING  
SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES**

**GENERAL INSTRUCTIONS**

If you were notified by Suffolk University (“Suffolk”) that your personal information was potentially compromised in a data-security attack against Suffolk (the “Incident”), you are a member of the Settlement Class and eligible to complete this Claim Form to request two years of identity protection and credit monitoring service free of charge and **either**: compensation for documented unreimbursed out-of-pocket expenses up to a total of \$500 (“Ordinary Losses”), monetary losses up to a total of \$5,000 (“Extraordinary Losses”), and up to 3 hours of lost time at \$25 per hour; **or** an alternative cash payment of up to \$40 without the need to prove any loss.

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the Incident, including bank fees, 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), postage, or gasoline for local travel; and
2. Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after the date on which the Settlement Class Member received written notice of the Incident through **January 8, 2024**.

Extraordinary Losses include compensation for proven monetary loss, professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services incurred as a result of the Incident.

Lost Time spent dealing with the Incident will be compensated at a rate of \$25 per hour for up to three hours.

Compensation for the above losses (except lost time) will only be paid if:

- The loss is an actual, documented, and unreimbursed monetary loss;
- The loss was more likely than not caused by the Incident;
- The loss occurred between June 25, 2022 and **June 6, 2024**;
- You made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance; and
- Documentation of the claimed losses is not “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

In lieu of claiming compensation for Ordinary or Extraordinary Losses and Lost Time, members of the Settlement Class may elect to receive a one-time payment of up to \$40 as a result of the Incident.

All cash payments are subject to potential proration, depending on the number and amount of claims received.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically *via* the Settlement Website at **[www.SuffolkDataSettlement.com](http://www.SuffolkDataSettlement.com)** or completed and mailed to the address below. Please type or legibly print all

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requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

*Suffolk University Claims Administrator*  
C/O RG/2 Claims Administration  
P.O. Box 59479  
Philadelphia, PA 19102-9479  
SuffolkDataSettlement@rg2claims.com

**I. 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 form.

**First Name**

**Last Name**

**Street Address**

**City**

**State**

**Zip Code**

**Email Address**

**Telephone Number**

**II. PROOF OF CLASS MEMBERSHIP**

Check this box to certify that you are or were a student of Suffolk between June 2002 and July 2022.

Enter the Claimant ID Number provided on your Notice:

**Claimant ID Number**

**III. IDENTITY THEFT PROTECTION**

Check this box if you wish to receive two (2) years of free identity protection and credit monitoring service.

Questions? Go to [www.SuffolkDataSettlement.com](http://www.SuffolkDataSettlement.com) or call 1-866-742-4955 or email [SuffolkDataSettlement@rg2claims.com](mailto:SuffolkDataSettlement@rg2claims.com).

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**IV. COMPENSATION FOR ORDINARY LOSSES**

Members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$500, as a result of the Incident:

<b>Cost Type</b> (Fill all that apply)	<b>Approximate Date of Loss</b>	<b>Amount of Loss</b>																			
<input type="radio"/> Out-of-pocket expenses incurred as a result of the Incident, including bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> <p>(mm/dd/yy)</p>			/			/			\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>									.		
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<b>Examples of Supporting Documentation:</b> <i>Phone bills, gas receipts, postage receipts; 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) and number of miles traveled.</i>																					
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after June 25, 2022 through January 8, 2024.	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> <p>(mm/dd/yy)</p>			/			/			\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>									.		
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<b>Examples of Supporting Documentation:</b> <i>Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.</i>																					

**V. COMPENSATION FOR EXTRAORDINARY LOSSES**

<b>Cost Type</b> (Fill all that apply)	<b>Approximate Date of Loss</b>	<b>Amount of Loss</b>																			
<input type="radio"/> Other monetary losses relating to fraud or identity theft, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services, incurred as a result of the Incident.	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> <p>(mm/dd/yy)</p>			/			/			\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>									.		
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<b>Examples of Supporting Documentation:</b> <i>Invoices or statements reflecting payments made for professional fees/services.</i>																					

Questions? Go to [www.SuffolkDataSettlement.com](http://www.SuffolkDataSettlement.com) or call 1-866-742-4955 or email [SuffolkDataSettlement@rg2claims.com](mailto:SuffolkDataSettlement@rg2claims.com).

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**VI. COMPENSATION FOR LOST TIME**

All members of the Settlement Class who have spent time dealing with the Incident may claim up to three (3) hours for lost time at a rate of \$25 per hour.

**Hours claimed (up to 3):**

**1 Hour (\$25)**       **2 Hours (\$50)**       **3 Hours (\$75)**

**Attestation (You must check the box on the next page to obtain compensation for lost time)**

I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Incident between June 25, 2022 and the June 6, 2024.

**VII. ALTERNATIVE CASH PAYMENT**

As an alternative to claiming compensation for Ordinary Losses, Extraordinary Losses, and Lost Time above, members of the Settlement Class who submit a valid and timely claim may elect to receive a one-time \$40 payment without the need to document losses or attest to time spent as a result of the Incident. To claim this alternative cash payment, please check the box below.

**NOTE: The alternative cash payment cannot be combined with claims for reimbursement of Ordinary Losses, Extraordinary Losses, and Lost Time, and by checking the box below, you will forfeit any other claim for compensation (except Credit Monitoring) included in this Claim Form.**

Check this box if you wish to receive an alternative cash payment of up to \$40.

**VIII. PAYMENT SELECTION**

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

**PayPal** - Enter your PayPal email address: \_\_\_\_\_

**Venmo** - Enter the mobile number associated with your Venmo account: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Email Address: \_\_\_\_\_

**Virtual Prepaid Card** - Enter your email address: \_\_\_\_\_

**Physical Check** - Payment will be mailed to the address provided above.

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**IX. MEDICARE BENEFICIARY**

Were you a Medicare beneficiary during the time period of June 25, 2022 to the present? (check one)

Yes                       No

If you are a Medicare beneficiary receiving more than \$750 under this settlement, the Claims Administrator may need to contact you for additional information related to Medicare reporting requirements.

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**X. ATTESTATION & SIGNATURE**

I swear and affirm under penalty of perjury 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.

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Signature

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Printed Name

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Date