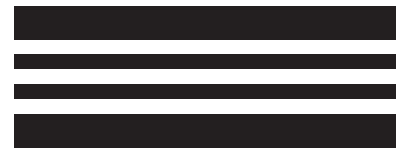


Phillips v. Bay Bridge Administrators
Settlement Administrator
P.O. Box 301172
Los Angeles, CA 90030-1172



BYP

VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

Phillips, et al. v. Bay Bridge Administrators, LLC

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS

No. 1:23-cv-00022

**Must Be Postmarked
No Later Than
July 24, 2024**

Claim Form

SUBMIT BY July 24, 2024 ONLINE AT WWW.BAYBRIDGEDATASETTLEMENT.COM OR MAIL TO:
Phillips v. Bay Bridge Administrators Settlement Administrator, P.O. Box 301172, Los Angeles, CA 90030-1172

GENERAL CLAIM FORM INFORMATION

This Claim Form should be filled out online or submitted by mail if you received a Notice of Data Security Incident letter stating your personal information was potentially compromised through Bay Bridge Administrators, LLC's ("Bay Bridge") September 2022 Data Security Incident ("Settlement Class").

If you wish to submit a Claim by mail, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **no later than July 24, 2024**.

Monetary Compensation

Cash Payment: Would you like to receive a cash payment under the Settlement? (fill in one)

Yes No

Select one of the following payment options (fill in one):

PayPal Venmo Zelle Check

Please provide your email address or phone number associated with your PayPal, Venmo or Zelle account:

— —
Area Code Telephone Number

Email Address

Out-of-Pocket Losses (if any):

\$.
Out-of-Pocket Losses (if any)

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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I am submitting a Claim for either ordinary or extraordinary monetary losses on account of out-of-pocket expenses and/or extraordinary losses I incurred as a result of the Data Incident. I understand that I am required to provide supporting third-party documentation and to support my claim for out-of-pocket losses, such as providing copies of any receipts, bank statements, reports, or other documentation supporting my claim. This can include receipts or other documentation that I have not “self-prepared.” I understand that “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 understand the Settlement Administrator may contact me for additional information before processing my claim. If I do not have information supporting my Claim for ordinary or extraordinary expenses, I likely will not receive compensation for this settlement benefit. **I understand that any monetary compensation I may receive under the Settlement is capped at \$5,000 for out-of-pocket expenses.**

Please provide copies of any receipts, bank statements, reports, or other documentation supporting your Claim. This can include receipts or other documentation not “self-prepared” by you. “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. You may mark out (also known as redact) any information that is not relevant to supporting your Claim before sending in the documentation. The Settlement Administrator may contact you for additional information before processing your claim.

Description of the unreimbursed, out-of-pocket loss or expenses incurred, and the documents attached to support this claim:

Please sign below indicating that you are submitting this Claim for Out-of-Pocket Losses and your representations of these losses are true and correct to the best of your knowledge and belief, and are being made under penalty of perjury.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Claimant Information

_____ First Name	_____ M.I.	_____ Last Name
_____ Claim ID (Can be found on the postcard you received informing you about this Settlement. If you need additional help locating this Claim ID, please contact the Settlement Administrator.)		
_____ Primary Address		
_____ Primary Address Continued		
_____ City	_____ State	_____ ZIP Code
_____ Area Code	_____ Telephone Number	
_____ Email Address		