

Presidio Settlement Administrator  
c/o Postlethwaite & Netterville  
P.O. Box 3376  
Baton Rouge, LA 70821

**Your Claim Form Must Be  
Submitted On or Before November  
15, 2022**

## ***LaPrairie v. Presidio, Inc., et al.***

United States District Court, Southern District of New York (Case No. 1:21-cv-08795-JFK)

### **Claim Form**

If you were notified by Presidio that your personal information was or may have been compromised in the data security incident in or about March 2020 (the “Data Incident”), you may submit a claim for one or more of the following benefits:

- 1. Credit Monitoring.** You can enroll in TransUnion *my TrueIdentity* protection services for a period of two (2) years. The two years of service is above and beyond any services previously offered by Presidio following the Data Incident. TransUnion *my TrueIdentity* includes credit monitoring from one bureau, access to credit reports, and \$1 million in identity theft insurance.
- 2. Reimbursement for Out-of-Pocket Losses.** If you incurred expenses that are fairly traceable to the Data Incident, such as money spent remedying identity theft or identity fraud or freezing/unfreezing credit reports with any credit reporting agency, you can be reimbursed up to \$500. You must submit documents supporting your claim, including denial of the claim by TransUnion *my TrueIdentity*.
- 3. Reimbursement for Attested Time.** If you spent time remedying issues related to identify theft directly caused by the Data Incident, you can recover up to four (4) total hours \$15 per hour for a total of \$60.

**NOTE: The Reimbursement for Out-of-Pocket Losses and Reimbursement for Attested Time claims are subject to a combined \$500 aggregate cap. Submit this claim form via [www.PresidioSettlement.com](http://www.PresidioSettlement.com) or mail this claim form to Presidio Settlement Administrator, P.O. Box 3376, Baton Rouge, LA 70821, postmarked no later than November 15, 2022. Additional Instructions on Page 2.**

The settlement notice describes your legal rights and options. The detailed Notice and Settlement Agreement are available at [www.PresidioSettlement.com](http://www.PresidioSettlement.com) or by calling 1-844-721 2419. This Claim Form is subject to the terms and conditions in the Settlement Agreement and, to the extent inconsistent, the terms and conditions in the Settlement Agreement control.

If you wish to submit a claim by the November 15, 2022 deadline, please read the entire claim form carefully. Please also print clearly in blue or black ink.

Si necesita ayuda en español, comuníquese con el administrador al 1-844-721-2419.

**NOTE: YOU MUST SIGN THE CLAIM FORM AT THE BOTTOM OF PAGE 4 IN ORDER TO HAVE A VALID CLAIM.**

# 1. CLASS MEMBER INFORMATION

First Name*																						Middle Initial			
Last Name*																									
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*																									
City*																		State*		Zip Code*					
Current Email Address*																									
			-																						
Settlement Claim ID*																									

**Settlement Claim ID:** Your Settlement Claim ID can be found on the Email or postcard Notice you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator at 1-844-721-2419.

# 2. INSTRUCTIONS

Please review the notice and Section II of the Settlement Agreement (available at [www.PresidioSettlement.com](http://www.PresidioSettlement.com)) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

### PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include:

- (1) two years of TransUnion credit monitoring and identity protection services to be paid for by Presidio (Note: if you previously signed up for monitoring when initially notified about the Data Incident, you are still eligible to submit a claim for two additional years of monitoring);
- (2) out-of-pocket losses that you had to pay as a result of the Data Incident (up to \$500); and
- (3) time you had to spend dealing with the effects of the Data Incident.

**You may check more than one box, and may check all three if applicable. As noted below, please be sure to fill in the total amount you are claiming for each category and attach documentation of those charges. 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.**

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**A. CREDIT MONITORING** (Check box if you want this benefit)

I would like to claim 2 years of credit monitoring and identity theft protection services.

The Settlement requires Presidio to provide two years of credit monitoring and identity protection services through TransUnion my TrueIdentity to any class member who timely claims it. The two years of service is above and beyond any services previously offered by Presidio following the Data Incident. TransUnion my TrueIdentity includes credit monitoring from one bureau, access to credit reports, and \$1 million in identity theft insurance.

**B. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES** (Check box if you want this benefit)

I incurred unreimbursed charges as a result of the Data Incident.

Examples – Unreimbursed costs, expense, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information; costs incurred on or after March 5, 2020 associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency through November 15, 2022; and miscellaneous expenses such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after March 5, 2020 through November 15, 2022.

Total amount for this category: \$  .

*If you are seeking reimbursement for fees, expenses, or charges, you must attach a copy of a statement from the company that charged you, or a receipt of the amount you incurred.* You may mark out any transactions that are not relevant to your claim before sending in the documentation.

*If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance product purchased between March 5, 2020 and November 15, 2022, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. Note: by claiming reimbursement for this category, you certify that you purchased the credit monitoring or identity theft insurance product primarily because of the Data Incident and not for any other purpose.*

**C. REIMBURSEMENT FOR ATTESTED TIME** (Check box if you want this benefit)

I certify that I spent time dealing with the effects of the Data Incident.

Examples: You spent time calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed.

I certify that I spent the following amount of time in response to the Data Incident:

Hours  Minutes (up to four hours)

Provide a brief description of the activities performed (identify what you did):

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### 3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Typing your name constitutes your legal signature, in the same manner as if you signed by hand

### 4. REMINDER CHECKLIST

**THIS CLAIM FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED TO THE SETTLEMENT ADMINISTRATOR AS FOLLOWS:**

POSTMARKED BY NOVEMBER 15, 2022 AND MAILED TO P.O. BOX 3376, BATON ROUGE, LA, 70821;  
OR

EMAILED BY 11:59 PM (EASTERN TIME ZONE) ON NOVEMBER 15, 2022 TO  
INFO@PRESIDIOSETTLEMENT.COM; OR

SUBMITTED THROUGH THE SETTLEMENT WEBSITE BY 11:59 PM (EASTERN TIME ZONE) ON  
NOVEMBER 15, 2022 AT WWW.PRESIDIOSETTLEMENT.COM

IF YOU HAVE ANY QUESTIONS ABOUT THIS LAWSUIT, YOUR RIGHTS, OR COMPLETING THIS  
CLAIM FORM, PLEASE CONTACT CLASS COUNSEL AT [ContactUs@theemploymentattorneys.com](mailto:ContactUs@theemploymentattorneys.com) or 585-  
272-0540.

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