Lesperance v. JAE Oregon, Inc. c/o CPT Group, Inc. 50 Corporate Park Irvine, CA 92606 www.JAEORClassSettlement.com

# Claim Form SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice that your personal information may have been implicated in the JAE Oregon, Inc., security incident ("Incident") that took place in or about November 2023, and if you did not opt out of the settlement, you may submit a claim.

The easiest way to submit a claim is online at www.JAEORClassSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

#### You may submit a claim for one of more of these benefits:

- <u>Credit Monitoring</u>: In addition to electing a Cash Payment, you may submit a claim for three (3) years of Credit Monitoring, including at least \$1,000,000.00 in identity theft protection insurance.
- <u>Cash Payments</u>: You can submit a claim for reimbursement for Ordinary Losses, Extraordinary Losses, and/or Lost Time.

<u>Compensation for Ordinary Losses</u>: You may be eligible for reimbursement of actual documented expenses that were incurred as a result of the Security Incident, and not otherwise reimbursed, in an amount up to \$350.

<u>Compensation for Extraordinary Losses</u>: You may be eligible for reimbursement for actual documented extraordinary losses that you experienced relating to fraud or identity theft as a result of the Security Incident, in an amount up to \$3,500.

<u>Compensation for Lost Time</u>: You may be eligible for reimbursement for time spent dealing with the Security Incident at \$20 per hour for up to three (3) hours, for a total not to exceed \$60.

Claims must be submitted online or mailed by November 13, 2025. Use the address at the top of this form for mailed claims.

For more information and complete instructions visit www.JAEORClassSettlement.com.

Settlement benefits will be distributed after the Settlement is approved by the Court and final.

#### **Your Information**

This information will be used solely to contact you and to process your claim. It will not be used for any other purpose.

If any of the following information changes, you must promptly notify us by mail or emailing JAEORClassSettlement@cptgroup.com.

First Name

MI

Last Name

Miling Address

City

State

ZIP Code

Phone Number

Email Address

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

CPT ID (Referenced on the notice mailed to you)

Please check below to receive the Credit Monitoring Services benefit.

Receive 3 years of Credit Monitoring Services

you also chose a Cash Payment.

### **Cash Payment**

<u>1. Documented Ordinary Losses</u>: If you incurred expenses as a result of the Security Incident, and have not been otherwise reimbursed for those expenses, you can receive reimbursement for up to \$350 total.

**Examples of ordinary losses include:** out of pocket expenses incurred as a result of the Incident, costs associated with credit monitoring or identity theft you purchased as a result of the Security Incident; costs associates with a credit report or credit freeze; costs associated with cancelling a payment or credit card, and/or retaining a replacement card, due to the Security Incident; costs associated with closing or opening a bank account due to the Security Incident; and postage, long-distance phone charges, express mail expense and other incidental expenses incurred due to the Security Incident.

**Examples of supporting documentation include (but are not limited to)**: (i) credit card statements; (ii) bank statements; (iii) invoices; (iv) voided checks; and (v) receipts. "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 will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source.

To obtain reimbursement under Ordinary Losses, you must provide the details below and attach supporting documentation.

Date	Description of Expense and Supporting Documents	Amount

**ATTACH DOCUMENTS:** Attach a copy of credit card statements, bank statements, invoices, telephone records, and receipts for each expense (you may redact unrelated transactions).

**<u>2. Lost Time</u>**: If you spent time dealing with issues related to the Incident, you may receive reimbursement of \$20 per hour up to three (3) hours, for a total not to exceed \$60.

To obtain reimbursement under Lost Time, round up to the nearest hour and check only one box.

1 Hour	2 Hours	3 Hours			
Description of Lost Time spent dealing with issues related to the Incident					

<u>3. Documented Extraordinary Losses</u>: You can receive reimbursement for actual documented extraordinary losses that you experienced relating to fraud or identity theft, and not otherwise reimbursed, in an amount up to \$3,500.

To obtain reimbursement under Extraordinary Losses, you must provide the details below and attach supporting documentation.

Date	Description of Expense and Supporting Documents	Amount

**ATTACH DOCUMENTS:** Attach a copy of professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft for each expense (you may redact unrelated transactions).

## **How You Will Receive Your Payment**

If you make a claim for a cash payment using this Claim Form, you will receive your payment by check. To receive a digital payment instead, please submit your Claim Form online at www.JAEORClassSettlement.com.

# Signature

I affirm that the information supplied in this Claim Form is true	e and correct to	the best o	of my knowledge.
I understand that I may be asked to provide more information claim is complete.	by the Settlem	ent Admi	nistrator before my
	Date:		
Signature	MM	DD	YYYY
Print Name			