

Garcia et al. v. Washington State Department of Licensing, Case No. 22-2-05635-5-SEA
Washington State Department of Licensing Settlement

**REIMBURSEMENT FOR OUT-OF-POCKET LOSSES AND ATTESTED TIME AND IDENTITY THEFT
PROTECTION SERVICES CLAIM FORM**

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT
WWW.WADOLDATABREACHSETTLEMENT.COM NO LATER THAN OCTOBER 9th, 2023.**

***ATTENTION:** This Claim Form is to be used to apply for relief related to the Data Breach that occurred on or about January 16th, 2022 and potentially affected individuals whose professional licensing information was stored by the Washington State Department of Licensing (“Defendant”) in its POLARIS professional licensing system. There are two types of damages for which these individuals may be eligible: 1) for all Settlement Class Members, reimbursement of Out-of-Pocket Losses that are “fairly traceable” to the Data Breach, including Attested Time, and 2) for all Settlement Class Members, 24 months of identity-theft protection and credit monitoring services.*

*To submit a Claim, you must have been identified as an individual whose Private Information was maintained on Defendant’s computer systems and/or network that was potentially compromised in the Data Breach and received the Postcard Notice with a **Class Member ID**.*

*You may apply to be reimbursed for Out-of-Pocket Losses and Attested Time. Out-of-Pocket Losses consist of actual out-of-pocket losses incurred as a result of the Data Breach and fees for unreimbursed identity protection expenses, up to \$7,500 per person. You may also be reimbursed for lost time spent remedying the issues related to the Data Breach (“Attested Time”), at \$35 per hour for up to four (4) hours, such as time spent remedying identity theft or fraud, including misuse of personal information and credit monitoring or freezing credit reports. For Attested Time Claims, please provide an attestation and a brief description of (1) the actions taken in response to the Data Breach and (2) the time associated with each action. **Please be advised that any documentation you provide must be submitted with this Claim Form.***

Note that you MUST apply for Out-of-Pocket Losses, Attested Time, and/or Identity-Theft Protection and Credit Monitoring using this Claim Form.

***CLAIM VERIFICATION:** All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.*

***ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement Website at www.WADOLDatabreachsettlement.com to review the Long-Form Notice and additional information or call 1-833-747-6403.*

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of your Claim, delay its processing, or otherwise adversely affect your Claim.


Class Member ID: 7 1 5 3 9 0 0 0 0 0 0 0 0

REGISTRATION

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

Please provide the Unique ID identified on the Postcard Notice that was sent to you:

7 1 5 3 9 _____

Instructions. Please follow the instructions below and answer the questions as instructed.

CLAIM INFORMATION

Section A. Confirm Your Eligibility

Did you receive a Class Member ID indicating that you may be a member of the Class?

Yes No

If yes, continue to the next question. If no, you are not a member of the Class and do not qualify to file a Claim.

Did you suffer any financial expenses or other financial losses that you believe were incurred as a result of the Data Breach or did you spend time remedying issues related to the Data Breach? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc., or did you spend time monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc. related to the Data Breach?

Yes No

If yes, you may be eligible to fill out Section B of this form and provide corroborating documentation.

Section B. Reimbursement for Out-of-Pocket Losses and Attested Time

If you suffered verifiable financial losses that fairly traceable to the Data Breach or spent time remedying issues related to the Data Breach, you may be eligible to receive a payment to compensate you for these financial losses and lost time spent.

Out-of-Pocket Losses

*If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit** proof of your losses and the dollar amount of those losses, you will be eligible to receive a payment compensating you for your documented Out-of-Pocket Losses of up to **\$7,500 per person**. Out-of-Pocket Losses include: unreimbursed identity protection expenses, such as credit reports, credit monitoring, or other identity theft insurance products purchased between 01-16-2022 and 05-11-2023. Out-of-Pocket Losses incurred as a result of the Data Breach may also include, without limitation, expenses or unreimbursed costs associated with fraud or identity theft, including professional fees and fees for credit repair services and miscellaneous expenses, such as (i) notary, (ii) fax, (iii) postage, (iii) copying, (iv) mileage, and (v) long-distance telephone charges, as well as costs for credit monitoring costs or other mitigative services that were incurred on or between 01-16-2022 and 05-11-2023. Examples of what can be used to prove your losses include: receipts, account statements, bills, etc.*

Attested Time

You may also be eligible to receive a payment reimbursing you for the amount of lost time you spent remedying issues related to the Data Breach, at \$35 per hour, for up to four (4) hours. You must attest that any lost time was spent related to the Data Breach. Examples of lost time include: time spent monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc.

Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your Claim will be reduced on a pro rata basis. If the amount of claimed losses and other deductions, including attorneys' fees, do not exceed the maximum amount of money available under the Settlement Agreement, remaining funds may be distributed on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

For each loss that you believe was incurred as a result of the Data Breach, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide ALL this information for this Claim to be processed.** Supporting documents must be submitted as part of this Claim Form. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your Claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at **<https://www.kroll.com/en/settlement-administration>**. With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to the Defendant in this Action. Please do not directly communicate with the Defendant regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Examples of losses include payments for identity theft protection or credit monitoring services and financial losses due to stolen identity incurred as a result of the Data Breach, 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 Breach.

Examples of documentation include receipts for identity theft protection services, fees paid to a professional to remedy a falsified tax return, etc. Handwritten notes are not acceptable documentation, but you may submit such notes as you believe necessary to explain your Claim or documentation.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 7 - 1 7 - 2 0 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 2 - 3 0 - 2 1 MM DD YY	\$25.00	Copy of the professional services bill
	MM DD YY	\$.	
	MM DD YY	\$.	
	\$	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	
	MM DD YY	\$.	

Reimbursement for Attested Time:

Settlement Class Members may submit a Claim for up to four (4) hours of time spent remedying issues related to the Data Breach. Four (4) hours of lost time may be reimbursed, at \$35 per hour, if you provide an attestation as to the time you spent remedying issues related to the Data Breach. Examples of lost time spent remedying issues related to the Data Breach may include time spent remedying identity theft, fraud, misuse of personal information, credit monitoring, or freezing credit reports.

If you spent time remedying issues related to the Data Breach, please list the number of hours you spent here: _____.

By checking the below box, I hereby declare under penalty of perjury under the laws of the State of Washington that the information provided in this Claim Form to support my seeking relief for Attested Time (up to \$140) is true and correct.

Yes, I understand that I am submitting this Claim Form and the affirmation it makes as to my seeking relief for Attested Time under penalty of perjury. I further understand that my failure to check this box may render my Claim for Attested Time null and void.

Section C. Identity-Theft Protection and Credit Monitoring

Settlement Class Members are eligible to receive two (2) years of identity-theft protection and credit monitoring services, which includes three bureau credit monitoring and alerts. This is in addition to the credit monitoring services previously offered to individuals who were notified of the Data Breach. Settlement Class Members must affirmatively request identity-theft protection services by indicating such request on this Claim Form, and codes will be sent either to an email address provided by the Settlement Class Members or, if they do not have an email address, mailed to the address provided on the Claim Form. Protection and monitoring provided shall include, at a minimum:

- a) Dark web monitoring.
- b) Identity restoration and recovery services;
- c) \$1,000,000 identity theft insurance with no deductible.

I would like to receive Identity-Theft protection.

Section D. Payment


By mailing this Claim Form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.WADOLdatabreachsettlement.com.

Section D. Settlement Class Member Affirmation

By submitting this Claim Form and checking the box below, I declare that I received notification from the Defendant that I have been identified as a potential Settlement Class Member. As I have submitted Claims of losses due to the Data Breach, I declare that I suffered these losses.

I understand that my Claim and the information provided above will be subject to verification.

I also understand that I may not be entitled to recover under this Settlement if I am employed by and/or affiliated with the Judge presiding over this Action, and/or am employed by the Defendant or anyone acting on their behalf.


Class Member ID: 7 1 5 3 9 0 0 0 0 0 0 0

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Yes, I understand that my failure to check this box may render my Claim null and void.

Please provide your name in both the Signature and Printed Name fields below and date your signature below.

Signature:

Date: – –
MM DD YY

Printed Name:

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