

Sanders, et al. v. Ibex Global Solutions, Inc., Case No. 1:22-cv-00591-TNM

CLAIM FORM

If Ibex Global Solutions, Inc. notified you of a Data Security Incident in or around August 2021, you may be entitled to benefits under a class action settlement using this claim form. This claim form may be filled out online at www.IbexDataSettlement.com or submitted by mail to: Ibex Data Security Settlement Administrator c/o Postlethwaite & Netterville, PO Box 1908, Baton Rouge, LA 70821.

Please complete the claim form for each category of benefits that you would like to claim. Categories include: (1) Credit Monitoring and Identity Theft Protection; (2) Reimbursement of Time Spent Responding to the Data Security Incident; (3) Out-of-Pocket Losses and Expense Reimbursement; and (4) Cash Payments for Identity Theft or Data Misuse. **You may claim more than one benefit, and you may claim all four benefits if applicable.** As noted below, please be sure to fill in the total amount you are claiming for each category and attach documentation where applicable.

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

If you wish to submit a claim for a settlement benefits, you need to provide the information requested below and submit online or postmark your claim form to the Settlement Administrator **by no later than March 20, 2023.**

(Please visit www.IbexDataSettlement.com or call 1-877-659-6287 for more information on your legal rights and options.)

Si necesita ayuda en español, comuníquese con el administrador al 1-877-659-6287.

Contact Information

Please fill in completely.

Settlement Member ID: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Telephone Number: _____

Credit Monitoring and Identity Theft Protection

To receive the credit monitoring and identity theft protection plan offered as part of the settlement, please check the box below:

I would like to claim five (5) years of credit monitoring and identity theft protection provided by Experian at no cost to me.

Reimbursement of Time Spent Responding to the Data Security Incident

To receive up to **\$125 in cash** reimbursement for up to five (5) hours of time responding to the Data Security Incident at a rate of \$25.00 per hour, provide the following:

I spent a total of hours of time in response to or addressing issues related to the Data Security Incident.

You **MUST** briefly describe how you spent your time responding to the Data Security Incident: _____

Out-of-Pocket Loss and Expense Reimbursement

To receive up to \$5,000 in reimbursement of out-of-pocket losses caused by, or expenses incurred as a result of, the Data Security Incident, please provide the following information:

Amount Requested: \$ _____.

Please briefly describe the out-of-pocket expenses and how they relate to the Data Security Incident: _____

Documentary proof **MUST** be submitted to support your exact claim amount. "Self-prepared" documents are, by themselves, insufficient.

Cash Payments for Identity Theft or Data Misuse

If you experienced actual or attempted identity theft or data misuse following the Data Security Incident and would like to receive **\$100 in cash**, please provide the below information:

I declare that I experienced actual or attempted identity theft or data misuse following the Data Security Incident.

Please describe the actual or attempted identity theft or data misuse you experienced, including dates or approximate dates: _____

Documentary proof **MUST** be submitted to support your exact claim amount. “Self-prepared” documents are, by themselves, insufficient.

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 by the undersigned is true and correct to the best of my recollection. I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid, and authorize the Settlement Administrator to contact me using the contact information set forth above to obtain any necessary supplemental information.

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

The deadline to postmark and mail this form is **March 20, 2023**

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF SUBMISSION