

# In re GE/CBPS Data Breach Litigation Settlement Class Member Claim Form

## District Court for the Southern District of New York, No. 1:20-cv-02903-KPF

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY DECEMBER 22, 2022 AND MUST BE FULLY COMPLETED, SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT. YOUR FAILURE TO SUBMIT A TIMELY AND COMPLETE CLAIM FORM WILL RESULT IN YOUR FORFEITING ANY COMPENSATION AND/OR CREDIT MONITORING BENEFITS FOR WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.

Instructions: Please read carefully the Notice of Class Action and Proposed Settlement (“Notice”), before completing this Claim Form. If General Electric Company (“GE”) notified you in or around March of 2020 of a Data Incident, you may be eligible for benefits from a class action settlement. If you wish to receive compensation and/or credit monitoring benefits from the Settlement, you must take all of the following steps:

- Complete all gray-highlighted sections of this Claim Form in black or blue ink or electronically.
- Sign and date this Claim Form below verifying that the statements and information you have provided are true and correct to the best of your knowledge and belief and acknowledging that submitting a false statement in a legal proceeding is unlawful.
- Return this Claim Form by the Deadline December 22, 2022 to: GE/Canon Settlement, c/o RG/2 Claims Administration P.O. Box 59479, Philadelphia, PA 19102-9479 or online at [www.GECBPSsettlement.com](http://www.GECBPSsettlement.com). For questions, visit [www.GECBPSsettlement.com](http://www.GECBPSsettlement.com), email at [GECBPSsettlement@rg2claims.com](mailto:GECBPSsettlement@rg2claims.com), or call 1-866-742-4955.

### YOUR CONTACT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
(You must provide a street address. A P.O. Box will not be accepted.)  
\_\_\_\_\_  
City State ZIP Code

Current Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Please provide a phone number where you can be reached if further information is required).

Current Email Address: \_\_\_\_\_  
(Please provide an email address where you can be reached for enrollment in the Credit Monitoring benefit).

Check this box if you do not have an email address:

### CLASS MEMBERSHIP

Records indicate that you were notified by GE on or about March 20, 2020, that information relating to you may have been compromised as a result of the Data Incident.

By signing and submitting this Claim Form, you acknowledge the following: you received Notice from GE in or around March 2020 regarding the Data Incident. You also acknowledge the following: I have received and reviewed the Notice and understand its terms and statements. I submit this Claim Form under the terms of the Notice and the Settlement Agreement described in the Notice.

SETTLEMENT BENEFITS

Credit Monitoring. As a Class Member, you are entitled to receive eighteen (18) months of credit monitoring protection at no cost to you. To enroll in credit monitoring, you must access the Settlement Website link provided in the postcard notice. Once you log in, you will receive an activation code for the credit monitoring services, which will become active after the settlement is finalized by the Court.

Reimbursement. Please describe in the box below the amount of loss(es) you actually incurred that are fairly traceable to the Data Incident described in the March 2020 notice from GE. These may include: (i) unreimbursed losses relating to fraud or identity theft; (ii) professional fees, including attorney's fees (excluding the Class Counsel); (iii) accountants' fees; (iv) fees for credit repair services; (v) costs associated with freezing or unfreezing credit with any credit reporting agency; and (vi) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges: \$ \_\_\_\_\_.

By submitting this claim for expense reimbursement, you verify that these losses or expenses were incurred and are fairly traceable to the Data Incident and that these losses or expenses have not otherwise been reimbursed from another source, and you acknowledge that submitting a false statement in a legal proceeding is unlawful.

In addition to this Claim Form, you must provide to the Claims Administrator reasonable documentation of the losses and/or expenses claimed above to allow for assessment and validation of these claims. This documentation must include receipts or similar documentation, not "self-prepared" documents such as handwritten receipts. If documentation cannot be provided, Class Members must provide in the box below (and can use a separate paper if more space is needed) an explanation as to why documentation cannot be provided. That reason will be considered by the Claims Administrator and Counsel.

\_\_\_\_\_

The Settlement allows for reimbursement of up to four (4) hours of lost time at Eighteen Dollars (\$18) per hour for time spent in connection with efforts to remedy issues fairly traceable to the Data Incident described in the March 2020 notice from GE. Please state the precise number of hours you have expended in connection with efforts to remedy issues fairly traceable to the Data Incident.

\_\_\_\_\_ hours of lost time, at the rate of \$18 per hour

In addition to this Claim Form, you must provide a description to the Claims Administrator of how the claimed lost time was spent in connection with efforts to remedy issues fairly traceable to the Data Incident, to allow for assessment and validation of your claim. Please provide that description below. (You can use a separate paper if more space is needed).

\_\_\_\_\_

By submitting this claim for lost time, you are verifying that this time was expended in connection with efforts to remedy issues fairly traceable to the Data Incident and you acknowledge that submitting a false statement in a legal proceeding is unlawful.

Submission of a claim does not guarantee compensation or receipt of credit monitoring benefits. In connection with a Valid Claim, each Class Member may receive up to, but no more than, \$3,500 for Reimbursement. If total class claims for Reimbursement exceed \$350,000, each Class Member will receive a lesser, *pro rata* share of a \$350,000 pay-out in connection with a Valid Claim. This process takes time. Please be patient.

The Claims Administrator may require the submission of supplemental information and documentation reasonably necessary to evaluate any claims.

I hereby agree to participate in the settlement entered in the litigation and approved by the Court. I also consent and agree to be bound by any adjudication of this action by the Court.

[If you choose to be represented by your own counsel in this action, please complete the following:] I designate \_\_\_\_\_ to represent me as legal counsel in this action.

By signing below, I fully and finally discharge and release any and all of the Released Claims against Defendants and the Released Entities. I agree to be bound by this Settlement and not to sue or otherwise make a claim against any of the Released Entities as to any of the Released Claims.

I verify that the statements and information I have provided are true and correct to the best of my knowledge and belief, and I acknowledge that submitting a false statement in a legal proceeding is unlawful.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

CLAIM FORMS MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN DECEMBER 22, 2022 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT: [WWW.GECBPSSETTLEMENT.COM](http://WWW.GECBPSSETTLEMENT.COM) OR MAIL THIS CLAIM FORM TO: GE/CANON SETTLEMENT, C/O RG/2 CLAIMS ADMINISTRATION, P.O. BOX 59479, PHILADELPHIA, PA 19102-9479. If you have questions, you may call the Claims Administrator at 1-866-742-4955, or email at [GECBPSsettlement@rg2claims.com](mailto:GECBPSsettlement@rg2claims.com).