

**SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF SAN DIEGO**

*Jane Doe, et al. v. San Diego Family Care,*  
Case No. 37-2021-00023006-CU-BT-CTL  
Related Case: *Thomas v. San Diego Family Care,*  
Case No. 37-2021-00026758-CU-BT-CTL

**CLAIM FORM FOR SAN DIEGO FAMILY CARE DATA BREACH SETTLEMENT**

All persons to whom San Diego Family Care sent a letter, dated May 7, 2021, entitled “Notice of Data Breach,” regarding a data security incident that occurred in December 2020 (hereinafter the “Class” or “Class Members”) are eligible to receive benefits from the Class Action Settlement by submission of this Claim Form.

This Claim Form may be submitted online at [www.SDFCprivacyclassaction.com](http://www.SDFCprivacyclassaction.com) or mail your completed and signed Claim Form to: *Jane Doe, et al. v. San Diego Family Care*, Case No. 37-2021-00023006-CU-BT-CTL, c/o ILYM Group, Inc., P.O. Box 2031, Tustin, Ca 92781.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY: JULY 15, 2022.**

**CLASS MEMBER INFORMATION**

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of the settlement benefits, you must notify the Settlement Administrator in writing at the address above.

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

***Claim for Cash Payment and Two Years of Identity Theft Protection***

In order for you receive a cash payment up to a maximum of \$100.00 and the opportunity to enroll in two (2) years of identity theft protection at no cost, you must affirm that you received a Notice of Data Breach letter, dated May 7, 2021, from San Diego Family Care, sent to affected patients, or their parents or guardians, regarding a data security incident that occurred in December 2020.

1. Did you receive a Notice of Data Breach letter from San Diego Family Care, dated May 7, 2021?

Yes

No

***Claim for Ordinary Out-of-Pocket Losses (without documentation)***

You can submit a claim for reimbursement for undocumented and documented Ordinary Out-of-Pocket Losses up to a maximum of \$1,000.00.

You can submit a claim for reimbursement for undocumented Ordinary Out-of-Pocket Losses. In order to receive payment for undocumented Out of Pocket Losses, you may claim up to 3 hours of lost time, compensated at \$20.00 per hour, up to a maximum of \$60.00, if you attests (without documentation) that you spent at least one hour of time dealing with the San Diego Family Care Data Breach Incident between April 6, 2021 and July 15, 2022.

2. Did you spent time dealing with the San Diego Family Care Data Breach Incident between April 6, 2021 and July 15, 2022?

Yes

No

3. If you answered “yes” to question 2 above, how much lost time did you spend dealing with the San Diego Family Care Data Breach Incident between April 6, 2021 and July 15, 2022?

I spent # \_\_\_\_ of hours of lost time.

***Claim for Ordinary Out-of-Pocket Losses (with documentation)***

You can also submit a claim for reimbursement for documented Ordinary Out-of-Pocket Losses that you actually incurred between April 6, 2021 and July 15, 2022 and that you have not already been received reimbursed by a third party, including, without limitation, documented bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, gasoline for local travel, fees for credit reports, credit monitoring, or other identity theft insurance purchased between April 6, 2021 and July 15, 2022. In order to receive payment for documented Ordinary Out-of-Pocket Losses, you must submit reasonable documentation of the out-of-pocket expenses and charges. Failure to provide required supporting documentation shall result in denial of the documented Ordinary Out-of-Pocket Losses portion of your claim.

<b>Ordinary Out-of-Pocket Losses</b> reasonably incurred as a result of the San Diego Family Care Data Breach Incident (Check all that apply)	<b>Date of Loss</b>	<b>Amount of Expense</b>	<b>Description of Supporting Documentation</b> (Identify what you are attaching)
<input type="checkbox"/> Long distance telephone charges incurred between April 6, 2021 and July 15, 2022			<i>Examples: Receipt or account statement reflecting charges</i>
<input type="checkbox"/> Cell minutes (if charged by minute), Internet usage charges (if charged by the minute or by the amount of data usage, and text messages (if charged by the message) incurred between April 6, 2021 and July 15, 2022			<i>Examples: Receipt or account statement reflecting charges</i>
<input type="checkbox"/> Postage incurred between April 6, 2021 and July 15, 2022			<i>Example: Receipts or account statements reflecting charges</i>
<input type="checkbox"/> Gasoline for local travel incurred between April 6, 2021 and July 15, 2022			<i>Example: Receipts or account statements reflecting charges</i>
<input type="checkbox"/> Fees for credit reports purchased between April 6, 2021 and July 15, 2022.			<i>Example: Receipts or account statements reflecting charges</i>
<input type="checkbox"/> Fees for credit monitoring purchased between April 6, 2021 and July 15, 2022			<i>Example: Receipts or account statements reflecting charges</i>

<input type="checkbox"/> Fees for identity theft insurance purchased between April 6, 2021 and July 15, 2022			<i>Example: Receipts or account statements reflecting costs or charges</i>
<input type="checkbox"/> Other Out-of-Pocket Losses between April 6, 2021 July 15, 2022 (provide detailed description)			<i>Please provide detailed description of supporting documentation</i>

***Claim for Extraordinary Out-of-Pocket Losses (with documentation)***

You can also submit a claim for reimbursement up to a maximum of \$5,000.00 for documented Extraordinary Out-of-Pocket Losses for actual losses suffered as a result of identity theft occurring between April 6, 2021 and July 15, 2022 and less reimbursement, from one or more of the normal reimbursement categories such as credit monitoring and identity theft insurance, if any. In order to receive payment for documented Extraordinary Out-of-Pocket Losses for actual losses suffered as a result of identity theft, you must submit reasonable documentation of identity theft occurring between April 6, 2021 and July 15, 2022 and the out-of-pocket expenses and charges. Failure to provide required supporting documentation shall result in denial of the documented Extraordinary Out-of-Pocket Losses portion of your claim.

<b>Extraordinary Out-of-Pocket Losses</b> (Check if applicable)	<b>Date of Loss and Type of Loss</b>	<b>Amount of Expense</b>	<b>Description of Supporting Documentation</b> (Identify what you are attaching)
<input type="checkbox"/> Actual losses suffered as a result of identity theft occurring between April 6, 2021 and July 15, 2022 and less reimbursement, if any (provide detailed description)			<i>Please provide detailed description of supporting documentation</i>

**ATTESTATION AND SIGNATURE**

I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that the compensation I am claiming is based on losses I reasonably believe to the best of my knowledge were the result of the San Diego Family Care Data Breach Incident.

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

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

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

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ILYM ID: <<ILYM ID>>

Unique ID: <<UNIQUE ID>>

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