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Nevada Restaurant Services Data Incident Settlement

CLAIM FORM

This Claim Form should be filled out and submitted online or by mail if you had documented out-of-pocket expenses, lost time spent, or documented unreimbursed extraordinary monetary losses as a result of the Data Incident involving Nevada Restaurant Services, Inc (“NRS”), or if you are requesting credit monitoring or the alternative cash payment.

Checks will be mailed, or electronic payments will be made, to eligible Settlement Class Members if the settlement is approved by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, **www.NevadaRestaurantServicesDataSettlement.com** or call toll-free number, **(833) 522-7586**, for more information.

Your claim must be submitted online or postmarked by **September 17, 2024**, to be considered for payment.

Only one claim form may be submitted per Settlement Class Member.

Claim submission options:

- File a claim online at **www.NevadaRestaurantServicesDataSettlement.com**
- Print this form, complete the form in its entirety, and mail to the Claims Administrator at:

Sanguinetti v. NRS
 c/o Kroll Settlement Administration LLC
 PO Box 225391
 New York, NY 10150-5391

YOU MUST INCLUDE YOUR CLASS MEMBER ID.

You can locate your Class Member ID on the postcard Notice that was sent to you.

1. SETTLEMENT CLASS MEMBER INFORMATION

Class Member ID: 8 3 0 4 3 _____

Name (*REQUIRED*): _____
First Name Mi Last Name

Number and Street Address (REQUIRED)

City (REQUIRED) *State (REQUIRED)* *Zip Code (REQUIRED)*

Telephone Number (*REQUIRED*): (_____) _____ - _____

Email Address (optional): _____@_____.



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I have attached a copy of the bill from my telephone or mobile phone company or internet service provider, postage provider, or gasoline provider that shows the charges, receipts, or other proof or purchase of the fees or charges.

(You may mark out any transactions that were not fraudulent or not relevant to your claim)

Fees for credit reports, credit monitoring, or other identity theft insurance product purchased between January 16, 2021, and September 17, 2024, related to the Data Incident.

Total amount claimed for this category \$ _____

I have attached a copy of a receipt or other proof of purchase for each credit report or product purchased related to the Data Incident.

(You may mark out any transactions that were not fraudulent or not relevant to your claim)

Hours of time spent dealing with the Data Incident (which will be calculated and paid at a rate of \$35 per hour, max of 4 hours).

Total number of hours claimed _____

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident, along with an attestation under penalty of perjury that you spent the claimed time responding to issues raised by the Data Incident.

I attest under penalty of perjury and the laws of the United States and my state of residence that I spent the below described lost time responding to issues raised by the Data Incident:

Documented Extraordinary Loss Reimbursement

If you wish to receive reimbursement of actual, documented, and unreimbursed losses (up to \$10,000), with submission of a proof of loss under penalty of perjury, that were caused by the Data Incident, occurred between January 16, 2021 and September 17, 2024, and not already covered by one or more of the other categories of Settlement benefits, describe the unreimbursed losses claimed (including the amount of each loss), sign the attestation at the end of this Claim Form, and attach supporting documentation (if you provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). By signing the attestation below, you are affirming that the claimed losses were caused by the Data Incident.

Describe all actual, documented, and unreimbursed losses (including the amount of each loss and the total amount claimed) that were caused by the Data Incident.

Date	Description of Loss	Amount
____/____/____ mm/dd/yyyy		\$ _____.
____/____/____ mm/dd/yyyy		\$ _____.
____/____/____ mm/dd/yyyy		\$ _____.

Total: _____.

