

Brett, et al. v. Valley Mountain Regional Center, Inc.
Superior Court of California, County of San Joaquin
Case No. STK-CV-UPI-2024-0005025

CLAIM FORM

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT
WWW.VMRCDATASETTLEMENT.COM OR POSTMARKED BY
NO LATER THAN AUGUST 19, 2025.**

ATTENTION: You are a member of the Settlement Class and eligible to submit a Claim Form if you are an individual who was notified of the August 2023 cyberattack suffered by Defendant Valley Mountain Regional Center, Inc. (“VMRC or Defendant”) wherein cybercriminals potentially accessed files containing the private information of individuals from Defendant’s network (the “Data Security Incident”). The Data Security Incident potentially involved names, health insurance information, and/or clinical information pertaining to services received.

THE SETTLEMENT BENEFITS

Out-of-Pocket Losses: You may be eligible to receive reimbursement for the following documented out-of-pocket losses, if not already reimbursed through any other sources and caused by the Data Security Incident, **not to exceed \$5,000 per Settlement Class Member:** unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

PLEASE BE ADVISED that any documentation you provide must be submitted **WITH** this Claim Form. This can include receipts or other documentation not “self-prepared” by the claimant that document the costs incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

Pro Rate Cash Payment: In the alternative to seeking expense reimbursements, you may elect to make a claim for a cash payment of \$100, subject to a pro rata adjustment. No documentation is required to make this claim. The amount of the alternative cash payment will be increased or decreased on a pro rata basis, depending upon the number of valid claims filed and the amount of funds available for these payments.

If the total Settlement Benefits, including the costs of Settlement Administration, Notice, Attorneys’ Fees and Costs, and a Service Award to the Class Representative exceeds \$2,200,000.00, the amounts paid to Settlement Class Members will be prorated downwards to stay within the amount of the Fund.

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.VMRCDataSettlement.com for additional information or call 1-888-678-2651.

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 the claim, delay its processing, or otherwise adversely affect the claim.

REGISTRATION

First Name:

[illegible]

MI:

1

Last Name:

[illegible]

Mailing Address:

[illegible]

City:

[illegible]

State

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Zip Code

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Telephone Number:

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Email Address:

[illegible]

Please provide the CPT ID identified in the notice that was mailed to you:

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

CLAIM INFORMATION

Section I. Confirm Your Eligibility

Did you receive a unique CPT ID indicating that you may be a member of the Settlement Class?

☐ Yes ☐ No

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

Did you suffer any financial expenses or other financial losses that you believe was as a result of the Data Security Incident remedying the issues related to the Data Security Incident? For example, did you sign up and pay for a credit monitoring service, or hire and pay for a professional service to remedy any issues related to your personal information as a direct result of or attributed to the Data Security Incident?

☐ Yes ☐ No

*If yes, you may be eligible to fill out **Section 2** of this form and provide corroborating documentation.*

Section II. Cash Payment A: Reimbursement for Out-of-Pocket Losses

You may be eligible to receive reimbursement for the following documented out-of-pocket losses, if not already reimbursed through any other sources and caused by the Data Security Incident, **not to exceed \$5,000 per Settlement Class Member**: unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

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 you would like to learn more, please review the Settlement Agreement for further details.

For each loss that you believe can be traced to the Data Security Incident, 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 attached to your 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 **www.VMRCDataSettlement.com**. With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendant in this action. Please do not directly communicate with Defendant regarding this matter. All inquiries are to be sent to the Claims Administrator.

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Identity Theft Protection Service	<div> <div></div><div></div> <div></div><div></div> <div></div><div></div><div></div><div></div> </div> <div>MM DD YYYY</div>	\$ <div> <div></div><div></div><div></div><div></div><div></div><div></div> <div>5</div><div>0</div><div>-</div><div>0</div><div>0</div> </div>	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	<div> <div></div><div></div> <div></div><div></div> <div></div><div></div><div></div><div></div> </div> <div>MM DD YYYY</div>	\$ <div> <div></div><div></div><div></div><div></div><div></div><div></div> <div>-</div> </div>	Copy of the professional services bill
	<div> <div></div><div></div> <div></div><div></div> <div></div><div></div><div></div><div></div> </div> <div>MM DD YYYY</div>	\$ <div> <div></div><div></div><div></div><div></div><div></div><div></div> <div>-</div> </div>	
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Section III. Cash Payment B: Flat Cash Payment

In the alternative to compensation for documented losses, Settlement Class Members may make a claim for a cash payment of one hundred dollars (\$100.00). This payment is subject to *pro rata* adjustment.

By checking the below box, I choose a cash payment of \$100.00, subject to a pro rata adjustment, in the alternative to compensation for documented losses.

- ☐ **Yes, I choose a cash payment of \$100.00, subject to a pro rata adjustment, in the alternative to compensation for documented losses.**

Section IV. Payment

If your claim is approved and you qualify for a monetary payment, a physical check will be mailed to the address provided on page 1. To receive a digital payment instead, please submit your Claim Form online at www.VMRCDataSettlement.com.

Section V. Settlement Class Member Affirmation

By submitting this Claim Form and checking the box below, I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim is considered complete and valid.

By submitting this Claim Form, I further 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 include your name in both the Signature and Printed Name fields below.

Signature:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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MM

DD

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Printed Name:

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT
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