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**The DEADLINE  
to submit or mail this  
Claim Form is:  
June 4, 2024**

*Mendoza, et al. v. Crystal Bay Casino, LLC.,  
No. 3:23-cv-00092*

For Office Use Only

**CLAIM FORM**

Please Type or Print - Use Blue or Black Ink Only

**GENERAL INSTRUCTIONS**

If your Personal Information (full name, Social Security number, and driver’s license number) was compromised or potentially compromised in the data security Incident, you are a “Settlement Class Member.” If you received a Notice about this class action settlement addressed to you, then the Claims Administrator has already determined that you are a Settlement Class Member.

As a Settlement Class Member, you are eligible to receive three years of Credit Monitoring Services. You are also eligible to receive compensation for (1) Unreimbursed Economic Losses, and compensation for Lost Time, **or** (2) an Alternative Cash Payment.

**CLAIMANT INFORMATION**

The Claims Administrator will use this information for all communications regarding this Claim Form and the settlement. If this information changes before the settlement benefits are issued, you must notify the Claims Administrator.

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Alternative Name(s)

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Country

( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ - \_\_\_ - \_\_\_  
Phone Number (Home) Phone Number (Mobile)

\_\_\_\_\_  
E-mail (Required for Credit Monitoring Services) @

Date of Birth (mm/dd/yyyy): \_\_\_ / \_\_\_ / \_\_\_

Class Member ID provided on mailed Class Notice (if known): 83013 \_\_\_\_\_





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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance products purchased between June 1, 2022 through the close of the claims period June 4, 2024.	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">             \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
<b>Examples of Supporting Documentation:</b> Receipts or account statements reflecting purchases made for Credit Monitoring or identity theft insurance services.		
<input type="radio"/> Compensation for proven monetary loss, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the data security Incident.	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">             \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
<b>Examples of Supporting Documentation:</b> Invoices or statements reflecting payments made for professional fees/services.		

**Documented Extraordinary Losses**

All members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented** Extraordinary Loss expenses, not to exceed \$10,000 per member of the Settlement Class, that were incurred as a result of the data security Incident. Generally, an Extraordinary Loss expense is unreimbursed financial loss as the direct result of financial fraud or stolen identity.

An Extraordinary Loss must meet the following criteria: (i) The loss is an actual, documented, and unreimbursed monetary loss arising from fraud or misuse; (ii) The loss was more likely than not caused by the data security Incident; (iii.) The loss occurred between June 1, 2022 and the Claims Deadline; (iv) The loss is not already covered by one or more of the Ordinary Losses compensation categories; and the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Extraordinary Loss expenses incurred as a result of the data security Incident	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;">             \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
Provide a written description of your Extraordinary Loss expenses:		
<b>YOU MUST SUBMIT DOCUMENTATION OF YOUR EXTRAORDINARY LOSS EXPENSES.</b>		
<b>Examples of Supporting Documentation:</b> Bank statements, credit card statement, letters from the IRS or other tax authorities, letters from state unemployment agencies, and police reports.		



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NOTE: You must include documentation supporting your Claim for documented Ordinary or Extraordinary Losses. This can include receipts or other documentation not “self-prepared.” “Self-prepared” documents such as handwritten receipts are, by themselves, **not** sufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

**B. Alternative Cash Payment**

If you wish to receive an Alternative Cash Payment (estimated to between \$25 to \$50, but increased or decreased based upon the number of claims filed), check the box below.

I would like to receive an Alternative Cash Payment.

**3. PAYMENT OPTIONS**

If you use this Paper Claim Form, a check will be mailed to the address above. If you want to receive an electronic payment, please submit your Claim online.

**SIGNATURE**

I swear and affirm that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date