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**Your Claim must
be submitted
online or
postmarked by:
November 4, 2025**

CLAIM FORM FOR WEBTPA DATA INCIDENT ACTION

David Harrell v. WebTPA Employer Services, et al.
Case No. 3:24-cv-01158-L
United States District Court for the Northern District of Texas
Dallas Division

WEBTPA-C

GENERAL INSTRUCTIONS

You have been identified by the Settlement Administrator as a Settlement Class member who was sent a notification from Defendants that your Private Information was potentially compromised as a result of the Data Incident. You may submit a Claim for Settlement Class Member Benefits, as outlined below.

Please refer to the Long Form Notice posted on the Settlement website, www.webtpasettlement.com, for more information on submitting a Claim Form and on confirming whether you are part of the Settlement Class.

To receive a Settlement Class Member Benefit from this Settlement via an electronic payment, you must submit the Claim Form below electronically at www.webtpasettlement.com by November 4, 2025.

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

WebTPA Data Incident Action
c/o Kroll Settlement Administration LLC
P.O. Box 5324
New York, NY 10150-5324

You may submit a Claim for Cash Payment A or Cash Payment B and Medical Monitoring. If you are a California Settlement Class Member you may also submit a Claim for a California Statutory Payment.

1. ***Cash Payment A – Documented Losses:*** Settlement Class Members may submit a Claim for a Cash Payment of up to \$5,000 per Settlement Class Member upon presentment of documented losses related to the Data Incident. You must submit reasonable documentation supporting the losses to receive this benefit;
OR
2. ***Cash Payment B – Flat Cash Payment:*** As an alternative to Cash Payment A above, a Settlement Class Member may elect to receive Cash Payment B, which is a flat Cash Payment estimated in the amount of \$100;
AND
3. ***Medical Monitoring:*** In addition to Cash Payment A or B, and a California Statutory Payment (if applicable), all Settlement Class members may also elect to receive two (2) years of Medical Monitoring.
4. ***California Statutory Payment:*** In addition to Cash Payment A or Cash Payment B and Medical Monitoring, all Settlement Class Members residing in California between April 18, 2023 and April 23, 2023 are entitled to Claim a California Statutory Payment for an additional Cash Payment estimated in the amount of \$50. If you are not a California Settlement Class Member residing in California, you may not submit a Claim for a California Statutory Payment.

Questions? Go to www.webtpasettlement.com or call (833) 621-7468.



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*Cash Payments may be adjusted up or down depending on the amount of Valid Claims. Any increases or decreases to Cash Payments will be on a *pro rata*, or equal percentage, basis.

I. PAYMENT SELECTION

If you would like to elect to receive your Cash Payment through electronic transfer, please visit the Settlement Website and timely submit your Claim Form electronically. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address (optional): _____ @ _____ .com

Telephone Number: (_____) _____ - _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify if you are a person in the United States and/or resided in California between April 18, 2023 and April 23, 2023 and who was sent notification from Defendants that your Private Information was potentially compromised as a result of the Data Incident.

Enter the Class Member ID Number provided on your Postcard Notice:

Class Member ID : 0 0 0 0 0 _____

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IV. CASH PAYMENT A – DOCUMENTED LOSSES

All Settlement Class Members are eligible for compensation of up to \$5,000 per Settlement Class Member for documented losses incurred as a result of the Data Incident.

To be eligible to receive Cash Payment A, Settlement Class Members will be required to submit reasonable documentation supporting the losses. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the identity theft protection and credit monitoring services offered as part of the notification letter provided by Defendants or otherwise. If a Settlement Class Member does not submit reasonable documentation supporting a loss, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure his or her Claim, the Claim will be rejected and the Settlement Class Member's Claim will be as if they elected Cash Payment B..

Settlement Class Members with documented losses must submit documentation supporting their claims. 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.

You must have documented losses incurred as a result of the Data Incident and submit supporting documentation to obtain this benefit.

☐ I have attached documentation showing that the documented losses were more likely than not caused by the Data Incident. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Complete the chart below describing the supporting documentation you are submitting.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Reasonable Supporting Documentation (Identify what you are attaching and why)
<i>Example: Identity Theft Protection Service</i>	<u>07/17/20</u> (mm/dd/yy)	\$50.00	<i>Copy of identity theft protection service bill</i>
	— / / — (mm/dd/yy)	\$.	
	— / / — (mm/dd/yy)	\$.	
	— / / — (mm/dd/yy)	\$.	

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V. CASH PAYMENT B – FLAT CASH PAYMENT

By checking the below box, I choose an estimated \$100 Cash Payment.

☐

Yes, I choose an estimated \$100 Cash Payment instead of the documented losses above.

Do not submit a Claim for Cash Payment A – Documented Losses.

VI. CALIFORNIA STATUTORY PAYMENT

By checking the below box, I choose an additional estimated \$50 California Statutory Payment. Please confirm you had a residential address in California between April 18, 2023 and April 23, 2023 below.

☐

Yes, I choose a California Statutory Payment estimated to be \$50. I affirm that I resided in California between April 18, 2023 and April 23, 2023.

You may submit a Claim for more than one Settlement benefit.

Address 1

Address 2

City

State

Zip Code

IN ADDITION TO THE CASH PAYMENT(S) ABOVE, YOU MAY ALSO SELECT THE SETTLEMENT CLASS MEMBER BENEFIT BELOW

VI. MEDICAL MONITORING☐

Two years of Medical Monitoring

Check the box above if you wish to receive, in addition to compensation for Cash Payment A or Cash Payment B and a California Statutory Payment (if applicable), two (2) years of CyEx Medical Monitoring that will provide medical identity monitoring, real-time alerts, and insurance coverage for up to \$1,000,000 for medical identity theft. This Medical Monitoring has an estimated value of \$90 per year per Settlement Class member.

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VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

_____/_____/_____
Signature Date

Print Name



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