

CLAIM FORM FOR YORK COUNTY SCHOOL OF TECHNOLOGY DATA INCIDENT BENEFITS

York County School of Technology Data Incident Litigation,
(Luke Heflin, et al. v. York County School of Technology, Case No. 2024-SU-001254,
(Pa. Com. Pl., York Cty.))

**USE THIS FORM TO MAKE A CLAIM FOR A CASH PAYMENT FOR OUT-OF-POCKET LOSSES
OR FOR AN ALTERNATIVE CASH PAYMENT**

The DEADLINE to submit this Claim Form is postmarked: November 21, 2025

I. GENERAL INSTRUCTIONS

If you are a natural person in the United States whose Private Information was accessed as a result of the Data Incident, including those who were sent a notice by York County School of Technology of the Data Incident, you are a Settlement Class Member.

As a Settlement Class Member, you are eligible to make a claim for **one of the following options:**

(1) **Cash Payment for Out-of-Pocket Losses**—Cash payment of up to \$5,000 per Settlement Class Member for reimbursement of certain Out-of-Pocket Losses, including lost time, related to the Data Incident;

OR

(2) **Alternative Cash Payment**—a flat cash payment in the amount of \$45.00.

Complete information about the Settlement and its benefits are available at www.YorkDataSettlement.com.

This Claim Form may be submitted online at www.YorkDataSettlement.com or completed and 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:

York County School of Technology Data Incident Litigation
Settlement Administrator
PO Box 25226
Santa Ana, CA 92799

II. CLAIMANT 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 Settlement Benefits, you must notify the Settlement Administrator in writing at the address above.

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III. SETTLEMENT CLASS MEMBERSHIP

☐ Please check this box if you received a notice related to this Class Action, and you have provided your Unique ID Number in Section II above.

☐ Please check this box if you have **not** received a letter notice but believe that you should be included in the Settlement Class. You must provide reasonable documentation demonstrating that you were impacted by the Data Incident and are a Settlement Class Member.

You may select ONE of the following options:

IV. ALTERNATIVE CASH PAYMENT

☐ If you wish to receive an Alternative Cash Payment, you must check off the box for this section, and then simply return this Claim Form.

You will receive an email at the email address provided above after Final Approval prompting you to select how you would like to be paid. You can receive payment via a digital payment, or you can elect to receive a check.

OR

V. CASH PAYMENT FOR OUT-OF-POCKET LOSSES

☐ Please check off this box for this section if you are electing to seek reimbursement for up to \$5,000 of documented losses you incurred that are more likely than not traceable to the Data Incident and not otherwise reimbursed by any other source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by York County School of Technology or otherwise. Documented losses include unreimbursed losses and consequential expenses that are more likely than not related to the Data Incident and incurred on or after March 27, 2023. As part of this category, you may also receive reimbursement for lost time spent dealing with the Data Incident at a rate of \$20/hour.

In order to make a claim for a **Cash Payment for Out-of-Pocket Losses**, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section VIII); and (iii) include reasonable documentation supporting each claimed cost along with this Claim Form. Documented losses need to be deemed more likely than not due to the Data Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Incident. **Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.**

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)																													
<input type="radio"/> Unreimbursed fraud losses or charges	<table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>
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(mm/dd/yy)																																
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<input type="radio"/> Professional fees incurred in connection with identity theft or falsified tax returns	<table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i>
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(mm/dd/yy)																																
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<input type="radio"/> Lost interest or other damages resulting from a delayed state	<table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr><tr><td colspan="8">(mm/dd/yy)</td></tr></table>			/			/			(mm/dd/yy)								<table><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.			<i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax</i>
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Questions? Go to www.YorkDataSettlement.com or call 1-(844) 496-1097

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
and/or federal tax refund in connection with fraudulent tax return filing			<i>refund and the amount</i>
<input type="radio"/> Credit freeze	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> \$ <div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<i>Examples: Notices or account statements reflecting payment for a credit freeze</i>
<input type="radio"/> Credit monitoring that was ordered after March 27, 2023	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> \$ <div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i>
<input type="radio"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> \$ <div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the York County School of Technology Data Incident</i>
<input type="radio"/> Hours of lost time spent dealing with the Data Incident at \$20/hour, up to 4 hours maximum per settlement class member	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div>Hours spent: _____</div> <div> \$ <div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<input type="checkbox"/> By checking this box, I affirm that time claimed was spent dealing with the aftermath of the Data Incident
<input type="radio"/> Other (provide detailed description)	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> \$ <div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<i>Please provide detailed description below or in a separate document submitted with this Claim Form:</i>

VI. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the Commonwealth of Pennsylvania that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature:

Date: _____

Print Name

VII. ATTESTATION (REQUIRED FOR CASH PAYMENT FOR OUT-OF-POCKET LOSSES CLAIMS ONLY)

I, _____, declare that I suffered the documented losses claimed above.
[Name]

I also attest that the documented losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of Pennsylvania that the foregoing is true and correct.

Executed on _____, in _____, _____.
[Date] [City] [State]

[Signature]