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Must be postmarked or submitted online NO LATER THAN December 21, 2025

Pacific Guardian Life Insurance Data Incident
SETTLEMENT AMINISTRATOR
P.O. BOX 2350
PORTLAND, OR 97208-2350
www.PGLIdatabreach.com

Christopher Hardy, et al., v. Pacific Guardian Life Insurance Company, Ltd., Claim Form

Case No. 1CCV-25-0000467

GENERAL INFORMATION

If you received Notice of this settlement, the Claims Administrator identified you as a potential member of the Settlement Class because you were identified by Pacific Guardian Life Insurance Company, Ltd. ("Defendant") involving a Cybersecurity Incident suffered by Defendant where cybercriminals potentially accessed Defendant's systems containing your Private Information, on or about August 25, 2023. The Private Information includes sensitive information including, but not limited to, names, Social Security numbers, financial account information, payment card information, dates of birth, and medical information.

You may submit a Claim Form for settlement benefits, outlined below, by visiting the settlement website at www.PGLIdatabreach.com. **Claims must be submitted online by December 21, 2025 11:59 PM Hawaii Standard Time (HST) or mailed by December 21, 2025. If you would prefer to submit by mail, please use the address at the top of this form.**

SETTLEMENT BENEFITS – WHAT YOU MAY GET

You may submit a Claim Form for one of the Cash Payment options:

A. **Expense Reimbursement:** You may submit a Claim Form and provide reasonable documentation for unreimbursed losses related to the Cybersecurity Incident for up to $2,000 per Settlement Class Member. Supporting documentation is required, and self-prepared documents are, on their own, insufficient.

OR

B. **Alternative Cash Payment:** Instead of Expense Reimbursement, without providing documentation, you may submit a Claim Form to receive an Alternative Cash Payment for up to $50.

California Residents Only: If you are residing in California at the time you submit your Claim Form, and the California Confidentiality of Medical Information Act (CMIA) applies, you may elect to receive an additional Alternative Cash Payment up to $20.

The actual amount of your Cash Payment (Expense Reimbursement or Alternative Cash Payment) may be prorated downwards if the settlement administration expenses, attorneys' fees and costs, settlement expenses, claims payments, cost of credit monitoring services, and service awards exceed the aggregate cap of $2 million, so that the total amount to be paid will not exceed $2 million.

AND

Credit Monitoring: In addition to Expense Reimbursement ***or*** Alternative Cash Payment, you may also submit a Claim Form to receive two years of free Credit Monitoring.

* * *

Please note: the Claims Administrator may contact you to request additional documents to process your claim.

For more information and complete instructions visit www.PGLIdatabreach.com.

Please note that settlement benefits will be distributed after the settlement is approved by the Court and becomes Final.

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Contact Information

1. NAME (REQUIRED):

First Name | MI | Last Name

2. MAILING ADDRESS (REQUIRED):

Street Address

Apt. No.

City | State | ZIP Code

3. PHONE NUMBER:

– –

4. EMAIL ADDRESS:

5. UNIQUE ID:

Expense Reimbursement – Documented Expenses

If you lost or spent money relating to the Cybersecurity Incident and have not been reimbursed for that loss/expense through any other source, you may receive reimbursement for up to $2,000 total. Eligible expenses include: (i) unreimbursed costs to obtain credit reports; (ii) unreimbursed fees relating to a credit freeze; (iii) unreimbursed card replacement fees; (iv) unreimbursed late fees; (v) unreimbursed over-limit fees; (vi) unreimbursed interest and fees on payday loans; (vii) unreimbursed bank or credit card fees; (viii) unreimbursed postage, mileage, and other incidental expenses; and (ix) unreimbursed costs associated with up to one year of credit monitoring or identity theft insurance. Such expenses must have been incurred after August 25, 2023, and prior to the Effective Date.

You must provide documents supporting the claimed loss to be eligible for reimbursement. Documentation must show what happened and how much you lost or spent. "Self-prepared" documents like handwritten receipts, personal certifications, or affidavits prepared by you are insufficient for reimbursement but can be used to add clarity or support other submitted documentation.

To look up more details about how the Expense Reimbursement works, visit www.PGLIdatabreach.com or call toll-free **1-833-341-1193**. Please also review the Long Form Notice on the settlement website, which provides examples of what documents you need to attach and the types of expenses that can be claimed. *By filling out the boxes on the next page, you are certifying that the money you spent doesn't relate to other data incidents or breaches.*

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Expense Type and Example of Documents	Amount and Date	Description of Expense or Money Spent and Supporting Documents (Identify what expense you incurred and how it's related to the Cybersecurity Incident)
Unreimbursed costs to obtain credit reports Example: Receipt or invoice from Equifax, Experian, or TransUnion showing payment for credit report	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Unreimbursed fees relating to a credit freeze Example: Confirmation email or billing statement showing fee for placing a credit freeze	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Unreimbursed card replacement fees Example: Bank or credit card statement showing replacement fee for compromised card	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Unreimbursed late fees Example: Statement from lender or creditor showing late fee due to breach-related delay	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Unreimbursed over-limit fees Example: Credit card statement showing over-limit fee caused by unauthorized charges	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Unreimbursed interest and fees on payday loans Example: Loan agreement or payment receipt showing interest or fees paid due to breach-related financial hardship	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____

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Unreimbursed bank or credit card fees Example: Bank statement showing overdraft, returned check, or other fees linked to breach	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Unreimbursed postage, mileage, and other incidental expenses Example: Receipts for postage, mileage logs, or travel expense reports for breach-related tasks	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Unreimbursed costs associated with up to one year of credit monitoring or identity theft insurance Example: Invoice or receipt from services like LifeLock, IdentityGuard, etc., showing payment for up to one year	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____

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Credit Monitoring Services

You may be eligible to receive free Credit Monitoring services.

All Settlement Class Members are eligible to claim Credit Monitoring services.

Please select the checkbox if you want the Credit Monitoring services for which you are eligible.

☐ **Credit Monitoring services:** I want to receive two free years of Credit Monitoring services at the email entered in the Contact Information section.

If you select this option, you will be sent instructions and an activation code to your provided email address or home address after the settlement is final. Enrollment in this service will not subject you to marketing for additional services or any required payments.

Alternative Cash Payment

Instead of an Expense Reimbursement, without providing documentation, you may elect to receive an Alternate Cash Payment, estimated to be $50. Your Alternate Cash Payment may be subject to a pro rata (a legal term meaning equal share) adjustment based upon the total value of all Valid Claims.

☐ **By checking this box, I affirm I want to receive an Alternate Cash Payment of up to $50.**

If you are a resident of California at the time of completing this claim, and the CMIA applies, you may elect to receive an additional Alternative Cash Payment of up to $20.

☐ **By checking this box, I affirm I am a resident of California as noted by my provided address in the Contact Information section and want to receive an additional Alternative Cash Payment of up to $20.**

Payment Election

If your claim is deemed eligible for payment, please select how you would like your payment:

☐ I would like to receive my payment via Check; OR

☐ I would like to receive my payment via a Digital Payment

Signature

I affirm under the laws of Hawaii and the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge and that any claimed losses resulted from the Cybersecurity Incident.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is complete.

Signature

Date: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Print Name

Questions? Go to www.PGLIdatabreach.com or call **1-833-341-1193**