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**Your Claim Form  
Must Be Submitted  
On or Before Thursday,  
August 7, 2025.**

***Barcomb, et al. v. TracFone Wireless, Inc.,***  
In the United States District Court for the Southern District of New York  
(Case No. 1:24-cv-08710)

For Office Use Only

**CLAIM FORM**

TracFone Wireless  
c/o Kroll Settlement Administration LLC  
P.O. Box 225391  
New York, NY 10150-5391

**Claim Form for Settlement with TracFone Wireless, Inc.**

This claim form should be filled out online at [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com), or submitted by mail if you are a Settlement Class Member, which includes any individual whose information was accessed as a result of a Data Security Incident experienced by TracFone Wireless, Inc. ("TracFone"), with its brands TracFone Wireless, Straight Talk Wireless, Simple Mobile, Net10 Wireless, Walmart Family Mobile, and Total Wireless in or about December 2021. **You must fill out this claim form** in order to receive any of the benefits from the settlement. These potential benefits include three years of free credit monitoring, including \$1,000,000 in identity theft insurance, reimbursement of up to \$3,250 for documented out-of-pocket expenses and lost time incurred as a result of the Data Security Incident (up to 15 hours at \$30/hour), and documented extraordinary expenses up to \$50,000 for victims of identity theft as a result of the Data Security Incident. You may get a check if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment. Payments to Settlement Class Members may be made only after the Court grants final approval of the Settlement, any appeals relating to the Settlement are resolved, the Settlement Administrator has reviewed, analyzed and resolved all claims that have been submitted, and the Court has authorized distribution to eligible claims. If there are appeals relating to the Settlement or the settlement approval proceedings, resolving them can take time.

The settlement notice describes your legal rights and options and provides a summary of the claims in this litigation. Please visit the official settlement administration website, [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com), or call **(833) 421-4696** for more information.

**To receive a settlement benefit from this settlement via an electronic payment, you must submit the Claim Form below electronically at [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com) by August 7, 2025.**

If you are not a Settlement Class Member, do not submit a Claim Form (see definition of Settlement Class Member in paragraph 1 above). YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER. THUS, IF YOU ARE EXCLUDED FROM THE SETTLEMENT CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED. If you are a member of the Settlement Class you may be eligible for payment from the Settlement Fund if you comply with the instructions in this Proof of Claim form and submit it in a timely manner. If you are not sure if you are a Settlement Class Member, then you should call **(833) 421-4696** and speak to a live representative to help determine your eligibility.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by **Thursday, August 7, 2025.**

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [WWW.TRACFONESETTLEMENT.COM](http://WWW.TRACFONESETTLEMENT.COM). **SUBMISSION OF A CLAIM FORM DOES NOT GUARANTEE PAYMENT.**

If you are a Settlement Class Member, you will be bound by the terms of any judgments or orders entered in the Action regardless of whether you submit a claim form, unless you submit a request for exclusion from the Settlement Class. Thus, if you are a Settlement Class Member and do not request exclusion from the Settlement Class, the Order and Final Judgment will release, and enjoin the filing or continued prosecution of any Released Claims against TracFone.

Omission of necessary information and/or supporting documents will make your claim defective so that it may be rejected, in which case you will be notified of such rejection and be given an opportunity to remedy identified deficiencies. Your failure to remedy any deficiencies will result in your claim being rejected. Please only submit copies of supporting documents and not original documents. Please also keep a copy of all documents that you mail to the Administrator.

**Questions? Go to [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com) or call toll-free (833) 421-4696.**



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**CLAIM FORM**

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**1. CLASS MEMBER INFORMATION.**

<input type="text"/>		<input type="text"/>
First Name*		Middle Initial
<input type="text"/>		<input type="text"/>
Last Name*		Suffix
<input type="text"/>		
Street Address 1*		
<input type="text"/>		
Apt/Floor/Suite		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City*	State*	Zip Code*
<input type="text"/>		
Current Email Address*		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Phone Number	Unique ID	Impacted Number**

If your current address is outside the United States, please complete this claim form online at [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com) and select the checkbox on the Class Member Information page that says, "Please check if this is a non-U.S. address"

\*\* Your Impacted Number is the phone number issued to you at the time of the data breach (in or about December 2021) by one of the TracFone brands.

If you have a Unique ID, you will find it printed on the notice you received and you should insert **both** your Unique ID **and** your Impacted Number. If you no longer have your notice, contact the Claims Administrator at (833) 421-4696. If you did not receive a Unique ID, you should enter just the Impacted Number.

**2. FREE CREDIT MONITORING SERVICES**

All Settlement Class Members are eligible to claim 3 years of 1-bureau credit monitoring services, including \$1,000,000 in identity theft insurance.

☐ Send me my activation code so I can enroll in credit monitoring services.

**3. PAYMENT ELIGIBILITY INFORMATION.**

Please review the notice and paragraph 3 of the Settlement Agreement or the Long Form Notice available on [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement payment.

**PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box for each category of expenses or lost time that you incurred as a result of the Data Security Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described for each category (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). Please note that recovery is limited to **\$3,250** per person for documented ordinary expenses and lost time, and **\$50,000** for extraordinary expenses for a victim of actual identity theft.

You must provide a description of the charges or time sought to be reimbursed.

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☐ Ordinary expenses and/or lost time incurred as a result of the Data Security Incident. This category is capped at \$3,250.

☐ **Out of Pocket Expenses**

*You must provide supporting documentation. Examples* - fees associated with opening a new cell phone account, bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for travel.

Total amount for this category: \$\_\_\_\_\_

*If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred and sufficient to allow the Claims Administrator to calculate your losses.*

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

☐ **Reimbursement of fees paid for credit reports, credit monitoring, or other identity theft insurance products purchased as a result of the Data Security Incident.**

*You must provide supporting documentation. Examples* – documents showing fees for credit reports, credit monitoring, or other identity theft insurance, purchased between November 15, 2021 and August 7, 2025.

Total amount for this category: \$\_\_\_\_\_

*If you are seeking reimbursement for credit reports, credit monitoring, or other identity theft insurance products, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred.*

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

☐ **Time reimbursement for at least one full hour of time spent dealing with the Data Security Incident**

**Examples** –You spent at least one full hour re-establishing your phone number or phone service after it was ported out, contacting your bank, implementing credit monitoring, and/or checking your statements for fraud as a result of the Data Security Incident. You must fill out the attestation below in 4. Recovery for this category is paid out at \$30/hour, for up to 15 hours.

Number of hours spent: \_\_\_\_\_

Total amount for this category: \$\_\_\_\_\_

☐ Extraordinary expenses for a victim of actual identity theft – documented monetary loss arising from actual identity theft incurred as a result of the Data Security Incident. This category is capped at \$50,000.

- State the facts demonstrating that you were a victim of actual identity theft and provide supporting documentation:

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Reimbursements in this category must be (1) the loss is an actual, documented, and unreimbursed monetary loss, which can include, but not be limited to, "Lost Business Opportunity Costs;" (2) the loss was more likely than not caused by the Data Security Incident; (3) the loss either (a) occurred between November 15, 2021 and the date that Claimant regained control of their wireless account, plus a margin of 30 days, or (b) is the result of Claimant's Social Security number and/or bank account or other financial account information being stolen during the foregoing period; (4) the loss is not already covered by one of the categories set forth above in this Claim Form; and (5) the Settlement Class Member made reasonable efforts to mitigate the loss.

"Lost Business Opportunity Costs" mean any lost potential net revenue resulting from the Settlement Class Member's inability to use a phone for business purposes because it was ported without the Settlement Class Member's authorization or was otherwise impacted by the Data Security Incident. To establish a Lost Opportunity Cost, in addition to filling out a claim form, you must (1) provide reasonable evidence showing that the impacted phone/phone number was being used for business purposes leading up to the Data Breach; (2) provide reasonable evidence showing the amount of lost potential net revenue (e.g., providing revenue statements for periods of time proximate to the time the phone was ported or otherwise impacted by the Data Breach); (3) based on the foregoing, specify exactly the net amount you believe the company lost as a result of the mobile phone number being affected by the Data Breach after deducting for appropriate costs, liabilities, etc.; and (4) your attestation affirming that the foregoing evidence, and your assertion that the claimed amount was a Lost Business Opportunity Cost is true and correct to your knowledge and belief and was not reimbursed, indemnified, covered by insurance (such as for business interruption insurance), or covered by proceeds of a fully forgiven loan.

Total amount for this category: \$ \_\_\_\_\_

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*If you are seeking reimbursement for extraordinary expenses, please attach evidence from third parties evidencing the losses that you claim you suffered.*

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

#### **4. SIGN AND DATE YOUR CLAIM FORM.**

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Settlement Administrator to provide supplemental information before my claim will be considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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## **5. REMINDER CHECKLIST.**

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please visit the settlement administration website at [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com) and use the Contact Form to send written notification of your new address. Make sure to include your Unique ID and your phone number in case we need to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please mail them to Settlement Administrator at,  
*TracFone Wireless*  
c/o Kroll Settlement Administration LLC  
P.O. Box 225391  
New York, NY 10150-5391
4. For more information, please visit the settlement administration website at [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com) or call the Settlement Administrator at **(833) 421-4696**. Please do not call the Court or the Clerk of the Court.

**Questions? Go to [www.TracFoneSettlement.com](http://www.TracFoneSettlement.com) or call toll-free (833) 421-4696.**



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