

Your claim must be
submitted online or
postmarked by:
May 14, 2025

Wilcopolski v. First Advantage Form I9 Compliance, LLC
Case No. 1:24-cv-03235-LMM
United States District Court, Northern District of Georgia
CLAIM FORM

FAF
CLAIM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are in the Settlement Class:

All persons residing in the United States whose PII may have been compromised in the Cybersecurity Incident.

Cybersecurity Incident means the unauthorized access to certain systems within Form I9's information technology network or access to or acquisition of Personal Information from certain Form I9 systems on or about February 5, 2024.

Excluded from the Settlement Class are (a) all persons who are employees, directors, officers, and agents of Form I9; (b) governmental entities; (c) the Judge assigned to the Action, that Judge's immediate family, and Court staff; and (d) those persons who opt-out of the Settlement in accordance with the terms of the Settlement Agreement.

The Settlement Benefits

Cash Payment A

Compensation for Ordinary Losses: Compensation for unreimbursed ordinary losses fairly traceable to the Cybersecurity Incident may be up to a total of \$1,500.00 per person. Settlement Class Members must submit documentation supporting their Claims for ordinary losses.

Compensation for Extraordinary Losses: Compensation for extraordinary losses, may be up to a total of \$5,000.00, per Settlement Class Member, if the extraordinary loss: (i) is an actual, documented and unreimbursed monetary loss due to fraud or identity theft; (ii) is fairly traceable to the Cybersecurity Incident; (iii) occurred after the Cybersecurity Incident and before the Claim Form Deadline; (iv) is not already covered by one or more of the ordinary loss categories, and (v) 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.

Cash Payment B – Flat Payment

As an alternative to Cash Payment A, Settlement Class Members may elect to receive Cash Payment B, which is a flat cash payment in the amount of \$50.00. (Cash payments may be subject to pro rata increase or reduction).

Identity Monitoring

In addition to Cash Payment A or Cash Payment B, Settlement Class Members may also make a Claim for Identity Monitoring. Settlement Class Members who did not elect to receive the Experian identity monitoring services previously offered by the Defendant in connection with the Settlement Class Member's Cybersecurity Incident notification letter may elect to receive up to three years of Identity Monitoring. Settlement Class Members who elected to receive 24 months of identity monitoring services previously offered by Form I9 in connection with its initial Cybersecurity Incident notification letter may elect to receive an additional one year of Identity Monitoring.

This Claim Form may be submitted electronically *via* the Settlement Website at FormI9DataSettlement.com or completed and mailed, including any supporting documentation, to: Form I9 Cybersecurity Incident, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

QUESTIONS? VISIT FormI9DataSettlement.com OR CALL TOLL-FREE 1-888-708-4081

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I. 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

Street Address

City

State

Zip Code

Email Address

Telephone Number

Notice ID, if known

II. CASH PAYMENT A – DOCUMENTED LOSSES

- ☐ Check this box if you are requesting compensation for **Ordinary Losses** up to a total of \$1,500.00.
You must submit supporting documentation demonstrating actual, unreimbursed documented losses related to the Cybersecurity Incident.

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

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Receipt for credit reports</i>	<i>\$50</i>
TOTAL AMOUNT CLAIMED:	

- ☐ Check this box if you are requesting compensation for **Extraordinary Losses** up to a total of \$5,000.00.
You must submit supporting documentation demonstrating actual, unreimbursed documented losses due to fraud or identity theft that is fairly traceable to the Cybersecurity Incident.

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

<i>Description of Documentation Provided</i>	<i>Amount</i>
TOTAL AMOUNT CLAIMED:	

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III. CASH PAYMENT B – FLAT PAYMENT

- ☐ Check this box if you wish to receive a \$50.00 payment of Cash Payment A. You do not have to provide supporting documentation to receive this payment.

IV. CREDIT MONITORING SERVICES

- ☐ Check this box if you wish to enroll in Identity Monitoring.

A unique redemption code, allowing Settlement Class Members to enroll in these services will be sent to each Settlement Class Member who submits a valid claim for such services after the Court approves the Settlement as final and after any appeals are resolved.

V. PAYMENT SELECTION

Please select **one** of the following payment options:

- ☐ **PayPal** - Enter your PayPal email address: _____

- ☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____-____-____

- ☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____-____-____ or Email Address: _____

- ☐ **Virtual Prepaid Card** - Enter your email address: _____

- ☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

VI. AFFIRMATION & SIGNATURE

I swear and affirm under penalty of perjury pursuant to laws of the United States of America that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date