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**Must be
postmarked or
submitted online
NO LATER THAN
October 27, 2025**

Frontier Data Breach Litigation
Settlement Administrator
PO Box 2737
Portland, OR 97208-2737
www.FrontierDataSettlement.com

1. Settlement Payment Claim Form

There has been a class action settlement in this lawsuit captioned *Amber Wilson, et al., v. Frontier Communications Parent, Inc.*, No. 3:24-CV-1418-L (U.S. District Court, Northern District of Texas). The class includes all individuals in the United States who received a notice from Frontier Communications Parent, Inc., indicating that their personal information may have been impacted in the data breach that occurred on or around April 14, 2024 (the “Data Incident”).

This Claim Form should be filled out online or submitted by mail if you received a notification that your personal information may have been impacted in the Data Incident involving Frontier Communications Parent, Inc. and want to receive Settlement Class Member Benefits. The Settlement Class Member Benefits include:

Cash Payment A – Documented Losses: You may submit this Claim Form and provide reasonable documentation showing that you spent money or incurred losses related to the Data Incident for up to \$5,000.00 per Settlement Class Member. **OR**

Cash Payment B – Flat Cash: Instead of selecting Cash Payment A, without providing documentation, you may submit this Claim Form to receive a flat cash payment in the estimated amount of \$100.00. **AND/OR**

Credit Monitoring: In addition to a Cash Payment, you may also submit this Claim Form to receive two years of free Credit Monitoring.

Your Cash Payment may be subject to a *pro rata* (a legal term meaning equal share) increase or decrease.

For more information, visit www.FrontierDataSettlement.com and read either the Settlement Agreement or the Long Form Notice.

If you wish to submit a claim for a Settlement Payment and/or Credit Monitoring, you must provide the information requested below. Please print clearly in blue or black ink. The **DEADLINE** to submit this Claim Form online (or have it postmarked for mailing) is **October 27, 2025**.

First Name

MI

Last Name

Mailing Address

City

State

ZIP Code

Phone Number

 - -

Email Address

Unique Identification Number (located on the notice mailed or emailed to you)

**Questions? Go to www.FrontierDataSettlement.com
or call 1-888-608-8902.**



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2. Payment Eligibility Information

When submitting a Claim Form, you must choose ***either*** Cash Payment A – Documented Losses ***or*** Cash Payment B – Flat Cash. Settlement Class Members may also elect to receive Credit Monitoring. Please provide as much information as you can to help us determine if you are entitled to a Cash Payment.

For Cash Payment A – Documented Losses, please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in italics. 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.

If a Settlement Class Member does not submit reasonable documentation supporting documented losses, or if their Claim is rejected by the Settlement Administrator for any reason, and the Settlement Class Member fails to cure their Claim, the Claim will be rejected and the Settlement Class Member's Claim will be as if they elected Cash Payment B.

Cash Payment A – Documented Losses

Please review the Long Form Notice or paragraph 63 of the Settlement Agreement (available at www.FrontierDataSettlement.com) for more information on who is eligible to receive payment for documented losses and the nature of the expenses and losses that can be claimed.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of documented losses that you incurred as a result of the Data Incident on April 14, 2024. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (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).

Documented Losses Resulting from the Data Incident: (not to exceed \$5,000 per Settlement Class Member):

Expense Types and Examples of Documents (not to exceed \$5,000 per Settlement Class Member)	Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident)
Unreimbursed Bank Fees <i>Examples: Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/>
Other Incidental Telephone, Internet, Postage, or Gasoline (For Local Travel Only) Expenses <i>Examples: 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)</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/>

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Other Documented Expenses That Were Incurred as a Result of the Data Incident	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/>
Credit Reports, Identity Theft Insurance, or Credit Monitoring Charges <i>Examples: The cost of a credit report, identity theft insurance, or credit monitoring services that you purchased on or around April 14, 2024.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<hr/> <hr/> <hr/> <hr/>

You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.

Cash Payment B – Flat Cash

Instead of selecting Cash Payment A, without providing documentation, you may submit a Claim Form to receive a flat cash payment in the estimated amount of \$100.00. Your Cash Payment may be subject to a *pro rata* (a legal term meaning equal share) increase or decrease depending on the amount of Valid Claims received by the Settlement Administrator.

☐ By checking this box, I affirm I want to receive a flat cash payment. If you want to receive your payment electronically (e.g., PayPal, Venmo, or Zelle), you must submit a Claim Form on the Settlement Website.

Credit Monitoring

In addition to a Cash Payment, you may elect to receive two years of free Credit Monitoring.

☐ By checking this box, I affirm I want to receive free Credit Monitoring services.

If you select Credit Monitoring, you will need to follow instructions and use an activation code that you receive after the Settlement is final. The Credit Monitoring will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address.

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Sign and Date Claim Form

By signing this form, I am certifying 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 to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Date: - -
MM DD YYYY

Print Name

MAIL YOUR CLAIM FORM.

This Claim Form and all supporting documentation must be either submitted online at www.FrontierDataSettlement.com or postmarked by **October 27, 2025** and mailed to:

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