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**EYE CARE DATA BREACH
DATA INCIDENT LITIGATION**
P.O. Box 2960
Portland, OR 97208-2960

Submit your claim online at
2020EyeCareDataBreach.com
NO LATER THAN
May 1, 2023

20/20 Eye Care Data Incident Claim Form

SETTLEMENT BENEFITS - WHAT YOU MAY GET

If you received notice from 20/20 Eye Care Network, Inc. or 20/20 Hearing Care Network, Inc. that your personal information may have been compromised in the Data Incident announced in January 2021, and if you do not opt out of the settlement, you may submit a claim. The easiest way to submit a claim is online at 2020EyeCareDataBreach.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a claim for one or more of these benefits:

1. **Identity Monitoring Services with Identity Theft Insurance or Alternative Cash Payment.** Use this Claim Form to request free identity monitoring with identity theft insurance services, which includes CyberScan dark web monitoring, among other services, through IDX for up to three (3) years. If you do not wish to receive identity monitoring with identity theft insurance and other services with IDX, you can select an Alternative Cash Payment. The alternative cash payment will be in lieu of identity monitoring with identity theft insurance services and is a payment of \$50.00, though it may be reduced or increased depending on the number of claims.
2. **Reimbursement for Out-of-Pocket Expenses.** If you spent money trying to avoid identity theft because of the 20/20 Eye Care Data Incident, you can be reimbursed up to \$2,500.00. You must submit documents supporting your claim.
3. **Reimbursement for Time You Spent.** If you spent time trying to avoid or recover from fraud or identity theft because of the 20/20 Eye Care Data Incident, you may be reimbursed at the rate of \$25.00 per hour for up to ten (10) total hours. You must attest to the amount of time you spent and describe your actions taken in response to the 20/20 Eye Care Data Incident.
4. **Reimbursement for Money Spent as a Result of Identity Fraud.** If you spent money trying to recover from fraud or identity theft because of the 20/20 Eye Care Data Incident, you can be reimbursed up to \$5,000.00. You must submit documents supporting your claim.

Identity Restoration Services. No claim is required for Identity Restoration Services, but a claim is required to receive Identity Monitoring Services. Class Members affected by the 20/20 Eye Care Data Incident who do not opt out of the settlement will be able to access identity restoration services through IDX for up to three (3) years once the settlement is final.

Claims must be submitted online at 2020EyeCareDataBreach.com or mailed and postmarked no later than May 1, 2023, to:

**20/20 Eye Care Data Breach
Settlement Administrator
P.O. Box 2960
Portland, OR 97208-2960**

Questions? Go to 2020EyeCareDataBreach.com or call 1-877-624-2227.



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Please note: The Settlement Administrator may contact you to request additional documents to support and process your claim. Your cash benefits and the length of the Identity Monitoring and Fraud Restoration Services may change depending on the number of claims filed.

For more information and complete instructions, visit 2020EyeCareDataBreach.com.

Settlement benefits will be distributed after the settlement is approved by the Court and final.

Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@2020EyeCareDataBreach.com. Include your Unique ID, found at the top of this Claim Form, with all correspondence. **Please print clearly.**

First Name:

MI:

Last Name:

Current Mailing Address:

City:

State:

ZIP Code:

Daytime Phone:

 - -

Email Address:

You can receive up to three (3) years of free identity monitoring with identity theft insurance through IDX, including CyberScan dark web monitoring, a \$1 million identity theft insurance policy, and assistance in the event of identity theft or fraud.

OR in lieu of identity monitoring with identity theft insurance services, you may elect to receive an alternative cash payment. This payment is in the amount of \$50.00, though it may decrease or increase depending on the number of settlement Class Members who submit valid claims.

Please select one of the options below.

Option 1: Identity Monitoring with Identity Theft Insurance: I want to receive free identity monitoring with identity theft insurance and other services for up to three (3) years.

If you select this option, you will be sent instructions and an activation code to your email address or home address after the settlement is final.

Option 2: Alternative Cash Payment: I want an alternative cash payment of \$50.00. By checking this box, I acknowledge that the amount of this benefit is dependent on the number of individuals who submit valid claims and may be reduced or increased.

If you select this option, you cannot also enroll in the free credit monitoring with identity theft insurance service offered through this settlement.

Neither Option 1 nor Option 2: I do not want identity monitoring with identity theft insurance or a cash payment.

If you spent time trying to recover from fraud or identity theft caused by the 20/20 Eye Care Data Incident, or if you spent time addressing the Data Incident, responding to the Notice, or trying to avoid fraud or identity theft because of the Data Incident (for example, placing or removing credit freezes on your credit files, purchasing credit monitoring services, or taking other actions), complete the chart below. You may be compensated at the rate of \$25.00 per hour for up to ten (10) hours. You must briefly describe the actions you took in response to the 20/20 Eye Care Data Incident and the time each action took.

Questions? Go to 2020EyeCareDataBreach.com or call 1-877-624-2227.



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How much time did you spend related to the Data Incident?
(Do not answer this question if you are not claiming lost time.)

:
Hours Minutes

By filling out the boxes below, you are certifying that the time you spent does not relate to other data incidents.

Explanation of Time You Spent (Identify what you did and why.)	Approximate Date(s)	Number of Hours & Minutes
<hr/> <hr/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Hours Minutes
<hr/> <hr/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Hours Minutes
<hr/> <hr/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Hours Minutes
<hr/> <hr/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Hours Minutes

Signature for Claims for Lost Time

I affirm under the laws of the United States that the information supplied in this Claim Form is true and correct to the best of my knowledge.

Signature

Date: - -
MM DD YYYY

If you lost or spent money trying to avoid fraud or identity theft caused by the 20/20 Eye Care Data Incident and have not been reimbursed for that money, you can receive reimbursement for up to \$5,000.00. To be reimbursed, you must provide documents that show how you lost or spent money trying to avoid fraud or identity theft caused by the 20/20 Eye Care Data Incident, and how much you lost or spent.

To look up more details about how reimbursement for out-of-pocket expenses works, visit www.2020EyeCareDataBreach.com or call toll-free 877-624-2227. You will find more information about the types of costs and losses that may be eligible for reimbursement, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment.

Questions? Go to 2020EyeCareDataBreach.com or call 1-877-624-2227.



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Examples of Loss Type and Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the 20/20 Eye Care Data Incident.)
Unreimbursed credit monitoring and identity theft protection purchased on or after January 11, 2021.	\$ <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 YY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Unreimbursed other expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges related to the Data Incident. <i>Examples: Phone bills, receipts, detailed list of places you traveled (e.g., police station, IRS office), reason why you traveled there (e.g., police report or letter from IRS re: falsified tax return), and number of miles you traveled.</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"/> MM DD YY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Identity Fraud: Money You Lost or Spent

If you lost or spent money resulting from fraud or identity theft caused by the 20/20 Eye Care Data Incident and have not been reimbursed for that money, you can receive reimbursement for up to \$5,000.00.

To be reimbursed, you must provide documents that show how you lost or spent money as a result of fraud or identity theft caused by the 20/20 Eye Care Data Incident, and how much you lost or spent.

To look up more details about reimbursement for identity fraud, visit www.2020EyeCareDataBreach.com or call toll-free 877-624-2227. You will find more information about the types of costs and losses that may be eligible for reimbursement, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment.

Examples of Loss Type and Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the 20/20 Eye Care Data Incident.)
Unreimbursed costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information on or after January 11, 2021. <i>Examples: Account statement with unauthorized charges highlighted, police reports, IRS documents, FTC Identity Theft Reports, letters refusing to refund fraudulent charges, credit monitoring services you purchased.</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"/> MM DD YY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Professional fees paid to address identity theft on or after January 11, 2021. <i>Examples: Receipts, bills, and invoices from accountants, lawyers, or others.</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"/> MM DD YY	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Questions? Go to 2020EyeCareDataBreach.com or call 1-877-624-2227.



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Signature for Claims for Out-of-Pocket and Identity Fraud Reimbursement

I declare under penalty of perjury under the laws of the United States that the information supplied in this Claim Form is true and correct to the best of my knowledge and that any documents that I have submitted in support of my claim are true and correct copies of original documentation.

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

Signature

Date: - -
MM DD YYYY

FOR ALL CASH PAYMENT CLAIMS: How Would You Like to Receive Your Cash Payment?

If you made a claim for any category of cash payment in this Claim Form, you may elect to receive your payment either by check or electronically by digital payment. Checks must be cashed within 120 days.

Which do you prefer? Please select one option.

- Paper Check
- Digital Payment

Questions? Go to 2020EyeCareDataBreach.com or call 1-877-624-2227.