Your claim must be submitted online or postmarked by:

NOVEMBER 23, 2026

CLAIM FORM

Jaime Dempsey, et al. v. La Jolla Group, Inc.
Case No. 30-2024-01416569-CU-MC-CXC
Superior Court of California, County of Orange

La Jolla Group Data Incident

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR COMPENSATION AND/OR CREDIT MONITORING

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as a current or former employee of La Jolla Group, Inc. who resides in the United States and whose information was impacted by the Cybersecurity Incident.

To receive any Settlement benefits, you must submit the Claim Form below by NOVEMBER 23, 2026.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.LJGDataSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

La Jolla Group Data Settlement
c/o Analytics Consulting LLC
PO Box 2004
Chanhassen, MN 55317-2004

I. 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 form.

First Name | Last Name

Street Address

City | State | Zip Code

Email Address (optional) | Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Class Member ID and PIN provided on your Postcard Notice or in the email you received:

Class Member ID

PIN

III. CREDIT MONITORING SERVICES

You may claim two (2) years of one-bureau credit monitoring with at least $1,000,000 in identity theft protection insurance, among other features. You may elect Credit Monitoring Services in addition to any other Settlement benefit.

☐ Check this box if you wish to receive two (2) years of free identity protection and credit monitoring service.

IV. LOST TIME REIMBURSEMENT

You may claim reimbursement for up to four (4) hours of Lost Time at a rate of $25.00 per hour (for a maximum total of $100) for time actually spent monitoring accounts or otherwise dealing with issues related to the Cybersecurity Incident between November 2023 and the Claims Deadline. To get money for Lost Time, you do not need to provide any supporting documentation. You just need to check the box below and choose the number of hours. If you claim for Lost Time, you can also claim for Credit Monitoring Services.

☐ Check this box if you are claiming Lost Time spent responding to the Cybersecurity Incident.

Hours claimed (up to 4 hours – check one box): ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

V. DOCUMENTED OUT-OF-POCKET LOSSES REIMBURSEMENT

You may claim reimbursement of Out-of-Pocket Losses, not to exceed $2,000, for actual, unreimbursed monetary losses incurred as a result of the Cybersecurity Incident, between November 2023 and the Claims Deadline, and supported by reasonable documentation. Third-party documentation supporting claimed Out-of-Pocket Losses is REQUIRED.

Examples of valid third-party documentation include credit card statements, invoices, telephone records, and receipts. Personal certifications, declarations, or affidavits standing alone do not constitute reasonable documentation, but may provide clarification or context for other documentation that is submitted.

Examples of out-of-pocket losses include losses due to identity theft fraud. Out-of-pocket losses also include the costs of any credit monitoring services or identity protection services that you purchased because of the Cybersecurity Incident.

☐ Check this box if you are claiming Out-of-Pocket Losses in the amount of $_____.

Any monetary compensation you may receive under the settlement for Out-of-Pocket Losses is capped at $2,000 (inclusive of any payment for Lost Time (IV.) and/or Documented Out-of-Pocket Losses (V.)), with an aggregate cap of $50,000 for Out-of-Pocket Loss claims by all Settlement Class Members. If you claim for Out-of-Pocket Losses, you can also claim for Credit Monitoring Services.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 6 – 1 7 – 2 3 (M M – D D – Y Y)	$ 5 0 . 0 0	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 2 – 2 8 – 2 4 (M M – D D – Y Y)	$ 3 0 0 . 0 0	Copy of the professional services bill
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	

VI. CASH COMPENSATION

You may claim Cash Compensation, if you do not submit a claim for Out-of-Pocket Losses. Such compensation shall be $95 for members of the California Subclass and $45 for all other Settlement Class Members. If you claim Cash Compensation, you can also claim for Credit Monitoring Services. You are **not** entitled to this Cash Compensation payment if you submit a claim for Lost Time (Section IV) and/or Out-of-Pocket Losses (Section V).

☐ Check this box if you wish to claim Cash Compensation.

VII. FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive payment under this Settlement in the form of a physical check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.LJGDataSettlement.com.

VIII. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, is true and correct to the best of my knowledge. I further attest, under penalty of perjury, that any hours I have claimed for Lost Time were in fact spent responding to the Cybersecurity Incident. 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 can be deemed complete and valid.

_____ _____ _____

Signature Printed Name Date Signed

TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT WWW.LJGDATASETTLEMENT.COM NO LATER THAN NOVEMBER 23, 2026.