

CLAIM FORM FOR DOMINION DENTAL SECURITY INCIDENT SETTLEMENT BENEFITS

Abubaker v. Dominion Dental USA, Inc. et al., Case No. 1:19-cv-01050-LMB-MSN

USE THIS FORM TO MAKE A CLAIM FOR PAYMENTS FOR REIMBURSEMENT OF OUT-OF-POCKET LOSSES, LOST TIME and/or EXTRAORDINARY LOSSES

The DEADLINE to submit this Claim Form is: January 15, 2022

I. GENERAL INSTRUCTIONS

If you were notified that your private information (“Personal Information”) could have been accessed in the Security Incident wherein Dominion Dental’s computer network system was the target of an external criminal-cyberattack that began as early as August 25, 2010, you are a “Class Member.” If you received a notice about this class action Settlement addressed to you, then the Settlement Administrator has already determined that you are a Class Member.

As a Class Member, you may be eligible to receive up to \$300 total for ordinary unreimbursed losses, including up to \$100 in compensation for lost time incurred as a result of the Security Incident (“Out-of-Pocket Losses”), and up to \$7,500 cash payment for reimbursement of extraordinary, proven monetary losses that are reasonably and fairly traceable to the Security Incident (“Extraordinary Losses”).

If you intend to make a claim for Out-of-Pocket Losses or Extraordinary Losses, you will need to submit supporting documentation.

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

Cash payments amounts may be reduced *pro rata* (proportionately) depending on how many people submit such claims. Complete information about the Settlement and its benefits are available at www.DominionDentalSettlement.com.

This Claim Form may be submitted electronically *via* the Settlement Website at www.DominionDentalSettlement.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:

Dominion National Security Incident Settlement
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Unreimbursed fraud losses or charges	<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (mm/dd/yy) </div>	<div style="text-align: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
Description of Supporting Documentation (Identify what you are attaching and why): <i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges</i>		
<input type="radio"/> Professional fees incurred in connection with identity theft or falsified tax returns	<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (mm/dd/yy) </div>	<div style="text-align: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
Description of Supporting Documentation (Identify what you are attaching and why): <i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return</i>		
<input type="radio"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (mm/dd/yy) </div>	<div style="text-align: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
Description of Supporting Documentation (Identify what you are attaching and why): <i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount</i>		
<input type="radio"/> Credit freeze	<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (mm/dd/yy) </div>	<div style="text-align: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>
Description of Supporting Documentation (Identify what you are attaching and why): <i>Examples: Notices or account statements reflecting payment for a credit freeze</i>		
<input type="radio"/> Credit monitoring that was purchased between August 14, 2019 and July 19, 2021	<div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (mm/dd/yy) </div>	<div style="text-align: center;"> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> </div>

Description of Supporting Documentation (Identify what you are attaching and why):
Example: Receipts or account statements reflecting purchases made for Credit Monitoring & Insurance Services

Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges

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Description of Supporting Documentation (Identify what you are attaching and why):
Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled

Other (provided detailed description)

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(mm/dd/yy)

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Description of Supporting Reasonable Documentation (Identify what you are attaching and why):
Please provide detailed description below or in a separate document submitted with this Claim Form

Time Expenditures: Hours for time spent dealing with the Security Incident

_____ **Hours claimed** (up to 5 hours)

Description of Time Spent and/or Documentation (Identify what you are attaching and why):
Please provide a detailed explanation of the time spent dealing with the Security Incident, including approximate number of hours spent for each separate task. You are not required to, but may, submit supporting documentation.

IV. EXTRAORDINARY LOSSES

You may also seek reimbursement for up to \$7,500 for proven Extraordinary Losses only if (i) the loss is an actual, documented, and unreimbursed (except from your insurer) monetary loss; (ii) fairly traceable to the Security Incident; (iii) the loss occurred between August 25, 2010 and the Claims Deadline; and (iv) the loss is not already covered by one or more of the normal reimbursement categories above (including the Out-of-Pocket Losses set forth above) and (v) the loss exceeds all available credit monitoring insurance and identity theft insurance previously provided to you by Dominion National. Please provide an itemized list of any Extraordinary Losses below, if you need additional lines, you may submit additional pages containing this information with your claim:

Cost Type	Approximate Date of Loss	Amount of Loss
<input type="radio"/> _____	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> [] [] / [] [] / [] [] [] [] </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> \$ [] [] [] [] [] [] . [] [] [] [] </div>
Description of Supporting Documentation (Identify what you are attaching and why):		
<input type="radio"/> _____	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> [] [] / [] [] / [] [] [] [] </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> \$ [] [] [] [] [] [] . [] [] [] [] </div>
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<input type="radio"/> _____	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> [] [] / [] [] / [] [] [] [] </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> \$ [] [] [] [] [] [] . [] [] [] [] </div>
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<input type="radio"/> _____	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> [] [] / [] [] / [] [] [] [] </div> (mm/dd/yy)	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> \$ [] [] [] [] [] [] . [] [] [] [] </div>

Description of Supporting Documentation (Identify what you are attaching and why):

VII. ATTESTATION

I, _____, declare that I expended the Out-of-Pocket and/or Extraordinary Losses claimed above.
[Name]

I declare under penalty of perjury under the laws of _____ and of the United States of America that the foregoing is true and correct. Executed on _____, in _____, _____.
[Date] [City] [State]

[Signature]