

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA

Hood, et al. v. Educational Computer Systems, Inc.,
Case No. 2:24-cv-00666-CCW

Your claim must
be postmarked by:
December 21, 2026

ECSI SECURITY
INCIDENT
SETTLEMENT

Claim Form

If you wish to receive a benefit from the Settlement reached in the above-captioned lawsuit, you must fill out this claim form online or submit it by mail. Benefits are only available to individuals residing in the United States whose Personal Information was potentially accessed in the criminal cyberattack perpetrated against ECSI between October 29, 2023 and February 12, 2024 (the “Security Incident”).

ECSI will establish a settlement fund of \$6,500,000.00. The Settlement Fund will first be used to pay court-approved attorneys’ fees and costs, service awards for the class representatives who filed the above-captioned lawsuit, and the costs of administering the settlement. The net remaining money will be used to pay for the benefits described below.

If your Personal Information was potentially accessed in the Security Incident, you may be eligible to receive compensation for unreimbursed out-of-pocket losses of up to \$5,000.00 from the proposed Settlement Fund (“Out-of-Pocket Losses”). The Out-of-Pocket Losses for which you may be able to recover are described in the Settlement Agreement reached in the above-captioned case. Any claim for Out-of-Pocket Losses must be supported by reasonable documentation. Alternatively, you may request to receive a *pro rata* cash settlement payment (“Alternative Cash Payment”). The amount of the Alternative Cash Payment is estimated to be approximately \$100.00, but is subject to a *pro rata* increase or decrease based on the number of total approved claims, and will be calculated at the end of the settlement process. To receive a payment, you must complete and submit this claim form.

Instructions: Please complete this claim form in its entirety and attach any required documentation. Submit your claim form online at **www.DataSettlementECSI.com** or by mailing it to the settlement administrator at the address below. Claim forms must be submitted online or postmarked by **December 21, 2026**.

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. If you elect a payment by physical check, any payments provided under the settlement agreement will be sent to the indicated mailing address.

First Name

Last Name

Street Address

City

State

Zip Code

Phone Number

Email Address

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II. DOCUMENTED OUT-OF-POCKET LOSS PAYMENT

Documented Out-of-Pocket Losses Resulting from the Security Incident

Settlement Class Members who suffered unreimbursed losses that can be shown to have more likely than not been caused by the Security Incident and who timely submit a valid claim supported by sufficient documentation will be eligible for a payment of up to five thousand dollars (\$5,000.00), but not more than the documented loss proven. These losses include (i) proven monetary losses that were more likely than not caused by the Security Incident and which occurred between October 29, 2023 and December 21, 2026; (ii) out-of-pocket expenses incurred as a result of the Security Incident (to be determined by the Settlement Administrator with no right of appeal), including bank fees, long distance phone calls, cell phone charges (only if charged by the minute), data charges (only if based on the amount of data used), postage, or gasoline for local travel; (iii) fees for credit reports, credit monitoring, or other identity theft services or insurance purchased between October 29, 2023 and December 21, 2026; or (iv) any other loss that is: (a) is an actual, documented, and unreimbursed monetary loss; (b) more likely than not caused by the Security Incident; and (c) occurred between October 29, 2023 and December 21, 2026.

- ☐ I incurred Out-Of-Pocket Losses as a result of the Security Incident. Total amount: \$ _____
- ☐ Check this box to confirm that you have not been reimbursed for these monetary losses.

By checking the above boxes, you are attesting that the information is true and correct under penalty of perjury.

Describe your Out-Of-Pocket Losses below and/or the documents supporting the loss. All Out-Of-Pocket Losses must be more likely than not caused by the Security Incident.

Description of Documentation Provided	Amount
Example: Fee for credit report	\$40
TOTAL CLAIMED:	

Supporting documentation must be provided. Enclose or upload reasonable documentary proof of the Out-Of-Pocket Losses you believe are more likely than not caused by the Security Incident. You may mark out any transactions that are not relevant to your claim before sending in the documentation. Any documentation you submit may not be “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement, and claims based on such documents will be rejected by the settlement administrator.

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III. ALTERNATIVE CASH PAYMENT

You may elect to claim an Alternative Cash Payment from the settlement. **You may not select this option if you submitted a claim for Out-Of-Pocket Losses.**

☐ Check this box if you wish to receive an Alternative Cash Payment.

IV. PAYMENT OPTIONS

Please select from one of the following payment options:

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

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

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

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

☐ **Physical Check** - Payment will be mailed to the address you provided above.

IX. SIGN AND DATE YOUR CLAIM FORM

I swear and affirm under penalty of perjury 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

Once you've completed all applicable sections, please submit this claim form with your supporting documentation online at **www.DataSettlementECSI.com** by **December 21, 2026**, or print and mail this claim form and the required supporting documentation to the address provided below, postmarked by **December 21, 2026**.

ECSI Security Incident Settlement Administrator
ATTN: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103